

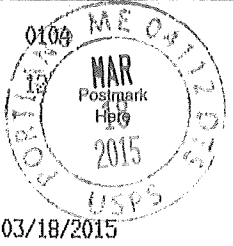
U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

PORTLAND ME 04103 **OFFICIAL USE**

7008 0500 0001 4587 8881

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
176 E006 Total Postage & Fees	\$	\$6.49



INSP

Sent To **CARLA THURSTON**

Street, Apt. No.,
 or PO Box No. **326 STEVENS AVE**

City, State, ZIP+4 **PORTLAND ME 04103**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CARLA E THURSTON
326 STEVENS AVE
PORTLAND ME 04103

RE: 176 E006
INSP

2. Article Number
 (Transfer from service label)

7008 0500 0001 4587 8881

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by *Printed Name* C. Date of Delivery
John Thurston

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

3. Service Type
- Certified Mail® Priority Mail Express™
 - Registered Return Receipt for Merchandise
 - Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013

Domestic Return Receipt