

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

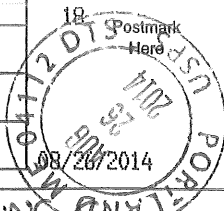
7012 0470 0002 1928 5648

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

PORTLAND ME 04102

Postage	\$ 10.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
177 F002 Total Postage & Fees	\$ 16.49

0104



Sent To **ARCHIBALD ANNE**
 Street, Apt. No.; or PO Box No. **478 BRIGHTON AVE**
 City, State, ZIP+4 **PORTLAND ME 04102**

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:

ARCHIBALD ANNE E
478 BRIGHTON AVE
PORTLAND ME 04102

RE: 177 F002
INSP

2. Article Number

(Transfer from service label)

7012 0470 0002 1928 5648

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by *(Printed Name)* C. Date of Delivery
Anne Archibald **9/2/14**

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes