

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

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OFFICIAL USE


Postage	\$2.80
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
177 I010 Total Postage & Fees	\$2.80

Postmark Here
 PORTLAND ME 04112 DIS
 SEP 25 2015 USPS

Sent To
CHEUNGLUI YEE
 Street, Apt. No.,
 or PO Box No. **110 MARGINAL WAY #222**
 City, State, ZIP+4 **PORTLAND ME 04101**

PS Form 3800, August 2006 See Reverse for Instructions

7010 1870 0002 8136 9227

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>CHEUNGLUI YEE 110 MARGINAL WAY #222 PORTLAND ME 04101</p> <p>RE: 177 I010 INSP: 209 STEVENS AVE</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Foster</p> <p>C. Date of Delivery 9/25/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7010 1870 0002 8136 9227</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	