

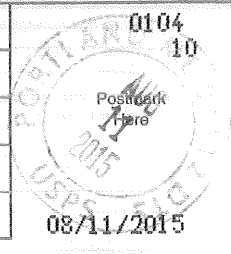
U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND, ME 04102

7010 1870 0002 8136 8909

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
184 E003 Total Postage & Fees	\$6.49
INSP	\$6.74



Sent To **PAUL WARING**
 Street, Apt. No.; or PO Box No. **529 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

1. Article Addressed to:

PAUL WARING
529 BRIGHTON AVE
PORTLAND ME 04102

RE: 184 E003
INSP: 529 BRIGHTON AVE

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **PAUL WARING**

C. Date of Delivery **08/26/15**

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

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7010 1870 0002 8136 8909**