

7010 1870 0002 8136 9234

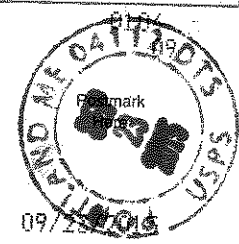
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JOSEPH STREBLE
 Street, Apt. No., or PO Box No. **72 MACHIGONNE ST**
 City, State, ZIP+4 **PORTLAND ME 04102**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

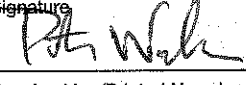
- Complete items 1, 2, and 3. Also complete
- 
- or on the front if space permits.

1. Article Addressed to:
JOSEPH STREBLE
72 MACHIGONNE ST
PORTLAND ME 04102

RE: 185 G005
INSP: 72 MACHIGONNE ST

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 
 Agent
 Addressee

B. Received by (Printed Name) **Peter Walker** C. Date of Delivery **9/25/15**

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

3. Service Type
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4. Restricted Delivery? (Extra Fee) Yes

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