

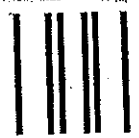


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Christine M. Endicott  38 Sheffield St.  Portland, ME 04102</p>  <p>9590 9402 2591 6336 1631 80</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 4049 5112</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Registered Mail</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</li> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

CBL # 186 - 3009001

<p>USPS TRACKING#  ME 040</p>  <p>9590 9402 2591 6336 1631 80</p>		<p>First-Class Mail™  Postage &amp; Fees Paid  USPS  Permit No. G-10</p>
<p>United States  Postal Service</p>	<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <p>City of Portland  Permitting and Inspections Department  389 Congress Street  Portland, Maine 04101</p> <p style="text-align: right;">186 - 3009001</p>	

