




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>CASSIE STANSON 10-17-17</p>
<p>1. Article Addressed to:</p> <p>Arthur F. Wilkins 4435 Summerwood Dr Cumming, GA 30041</p>  <p>9590 9402 3028 7124 4403 73</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>COMMERCIAL EXPRESS OCT 16 2017 CUMMING, GA 30041</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 4047 1147</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Mail (Mail Restricted Delivery 500)</p>

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

Domestic Return Receipt

CRL# 212-3006001

<p>USPS TRACKING#</p>  <p>9590 9402 3028 7124 4403 73</p>	 <div data-bbox="1112 1207 1339 1333" style="border: 1px solid black; padding: 5px;"> <p>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</p> </div>
<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>212-3006001</p> 