

CBL 27J-F017001

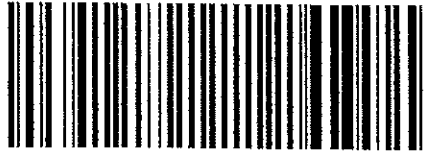
**CERTIFIED MAIL®**

Portland, Maine



Yes. Life's good here.

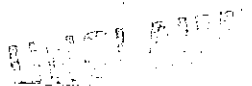
Permitting & Inspections Department  
389 Congress Street, Room 315  
Portland, Maine 04101-3509



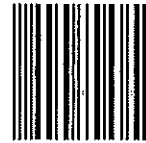
7015 3010 0000 0200 9260

C/P  
F-17 7/1  
7/13 7/1

**RETURN RECEIPT  
REQUESTED**



1000



04100

U.S. POSTAGE  
PAID  
PORTLAND, ME  
04101  
JUL 12, 17  
AMOUNT

**\$6.59**

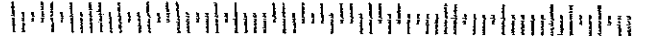
ROBICHAUD DAVID R &  
35 ROBIN ST  
PORTLAND, ME 04102

NIXIE 015 DE 1 0003/09/17

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

UNC  
0410031214  
04101>3571

BC: 04101357190 \*3084-02501-12-43



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David R. Robichaud  
35 Robin St  
Portland, ME 04102

2. Article Number  
(Transfer from service label)

7015 3010 0000 0200 9260

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery

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