

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

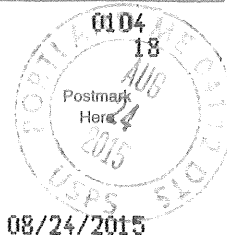
For delivery information visit our website at www.usps.com

PORTLAND, ME 04102

OFFICIAL USE

7010 1870 0002 8136 9012

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

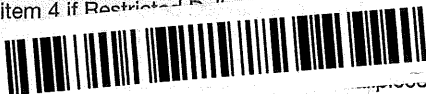


Sent To **JASMYN BAK**
 Street, Apt. No., or PO Box No. **122 TAFT AVE**
 City, State, ZIP+4 **PORTLAND ME 04102**

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 required.



1. Article Addressed to:

**JASMYN BAK
 122 TAFT AVE
 PORTLAND ME 04102**

**RE: 273 A012
 INSP: 122 TAFT AVE**

2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 9012

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X. *Jasmyrn Bak* Agent Addressee

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

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes