

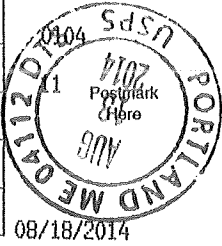
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7955 926 1928 5587  
 7012 0470 0002 1928 5587

PORTLAND ME 04102 OFFICIAL USE

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>277 J012</b> Total Postage & Fees	\$	\$6.49



Sent To  
 Goodridge, Mary  
 Street, Apt. No., or PO Box No. 22 Glen Haven E  
 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 desired.
- 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.

1. Article Addressed to:

**GOODRIDGE MARY LOUISE**  
**22 GLEN HAVEN E**  
**PORTLAND ME 04102**

**RE: 277 J012**  
**INSP**

2. Article Number

(Transfer from service label)

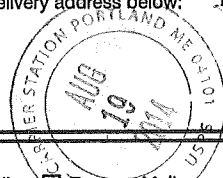
7012 0470 0002 1928 5587

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Eric Goodridge  Agent  
 Addressee

B. Received by (Printed Name) Eric Goodridge C. Date of Delivery 8/19/14

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



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes