

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 04101
OFFICIAL USE

Postage	\$2.80
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
293 C003 Total Postage & Fees	\$2.80
INSP	\$6.74



Sent To
 Street, Apt. No.,
 or PO Box No. **AVESTA BISHOP ST LP**
307 CUMBERLAND AVE
 City, State, ZIP+4 **PORTLAND ME 04101**

PS Form 3800, August 2008 See Reverse for Instructions

7010 1870 0002 8136 7230

SENDER: COMPLETE THIS SECTION

C
 it
 F
 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:
AVESTA BISHOP ST LP
307 CUMBERLAND AVE
PORTLAND ME 04101
RE: 293 C003
INSP: 72 BISHOP ST

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 F. Matthews Agent
 Addressee

B. Received by (Printed Name) **F. Matthews**

C. Date of Delivery **7-9-15**

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

7010 1870 0002 8136 7230

PS Form 3811, July 2013

Domestic Return Receipt