

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

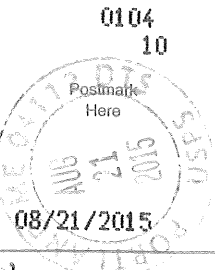
For delivery information visit our website at www.usps.com

PORTLAND, ME 04103

OFFICIAL USE

7010 1870 0002 8136 8985

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.25



Sent to **DEBRA KEENAN**
 Street, Apt. No., or PO Box No. **28 DOROTHY ST**
 City, State, ZIP+4 **PORTLAND ME 04103**

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.



1. Article Addressed to:

**DEBRA KEENAN
 28 DOROTHY ST
 PORTLAND ME 04103**

**RE: 297 E012
 INSP: 28 DOROTHY ST**

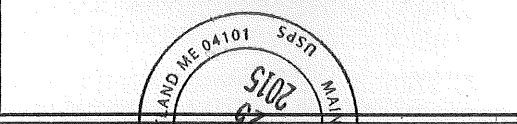
2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Debra Keenan*

B. Received by (Printed Name) C. Date of Delivery
 8/25

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

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