

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Susan Rd LLC  
 7029 Devon Rd  
 Summerfield, NC 27158



9590 9402 3028 7124 4571 80

2. Article Number (Transfer from service label)  
 7014 1820 0001 4047 1710

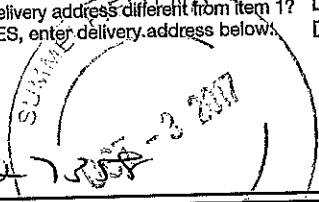
PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  Addressee

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

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



3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Registered Mail Restricted Delivery (\$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

*CP# 300-8042001*

USPS TRACKING®

9590 9402 3028 7124 4571 80



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

City of Portland  
 Permitting and Inspections Department  
 389 Congress Street  
 Portland, Maine 04101

*300-8042001*

