

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

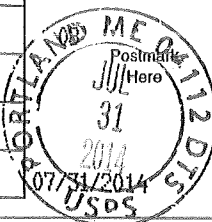
For delivery information visit our website at www.usps.com

PORTLAND ME 04103

OFFICIAL USE

9945 2002 1928 5488
 7012 2102 0470 0002 1928 5488

Postage	\$	\$0.49	0104
Certified Fee		\$3.30	
Return Receipt Fee (Endorsement Required)		\$2.70	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
309 D011 Total Postage & Fees	\$	\$6.49	



Sent To Michelle Peters

Street, Apt. No.,
or PO Box No. 31 Castine Ave

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.
- 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:

MICHELE PETERS
31 CASTINE AVENUE
PORTLAND ME 04103

RE: 309 D011
INSP

2. Article Number
 (Transfer from service label)

7012 0470 0002 1928 5488

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X Michelle Peters

B. Received by (Printed Name)
Michelle Peters

C. Date of Delivery
8/1/12

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