




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Tai Tan Dang  146 Tucker Ave  Portland, ME 04103</p>  <p>9590 9402 3028 7124 4572 10</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>PL 9/29/17</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 4047 1703</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

CBL # 330-3016001

<p>USPS TRACKING#</p>  <p>9590 9402 3028 7124 4572 10</p>	 <div data-bbox="1144 1197 1372 1312" style="border: 1px solid black; padding: 5px;"> <p>First-Class Mail  Postage &amp; Fees Paid  USPS  Permit No. G-10</p> </div>
<p>United States  Postal Service</p>	<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <p>City of Portland  Permitting and Inspections Department  389 Congress Street  Portland, Maine 04101</p> <p>330-3016001</p>