

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

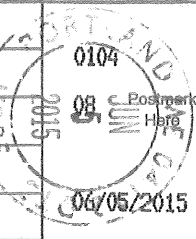
For delivery information visit our website at www.usps.com

PORTLAND ME 04103

OFFICIAL USE

7010 1870 0002 8136 8136

Postage	\$	\$3.45
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
		N/A
338 H011 Total Postage & Fees	\$	\$6.74



Sent To **MARIE AIKINS**
 Street, Apt. No., or PO Box No. **29 NEWTON 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.
- 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:

MARIE AIKINS
29 NEWTON ST
PORTLAND ME 04103

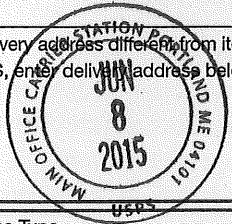
RE: 338 H011
INSP: 29 NEWTON ST

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Blair C. [Signature]

B. Received by (Printed Name) _____ C. Date of Delivery **6-8-15**

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

2. Article Number (Transfer from service label) **7010 1870 0002 8136 8136**