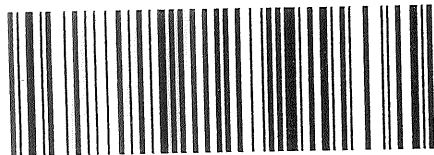


Inspection Services Division  
389 Congress Street, RM 315  
Portland, Maine 04101-3509



7009 0820 0001 4189 1471  
7009 0820 0001 4189 1471

PS Form 3800, August 2005  
See Reverse for Instructions

Sent to: Lisa Bauer  
Street Apt. No.: 1445 Forest Ave  
or PO Box No.:  
City, State, ZIP+4: Portland, ME 04103

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

Postmark Here  
FNSP  
340 D03

**OFFICIAL USE**

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

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

4103

**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:

**Lisa Bauer**  
**1445 Forest Ave**  
**Portland, Maine 04103**

**340 D003**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X  Agent  Addressee

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

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7009 0820 0001 4189 1471