

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

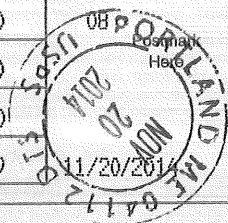
For delivery information visit our website at www.usps.com®

PORTLAND ME 04103

OFFICIAL USE

7010 0780 0001 1493 0151

Postage	\$ 0.49	0104
Certified Fee	\$3.30	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
342 B001 Total Postage & Fees	\$ 6.49	



Sent To Paul G White
 Street, Apt. No.;
 or PO Box No. 83 Summit 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:

PAUL G WHITE
83 SUMMIT ST
PORTLAND ME 04103

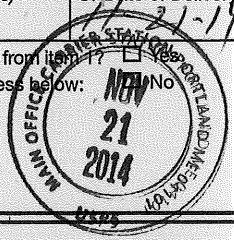
RE: 342 B001
INSP

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Maurice J. Miller

B. Received by (Printed Name) _____ C. Date of Delivery 11-20-14

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) **7010 0780 0001 1493 0151**