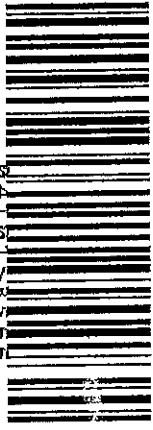


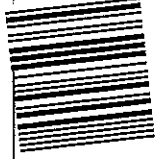
**CERTIFIED MAIL®**



Housing Safety Office  
389 Congress Street  
Portland, ME 04101



7014 1820 0001 4049 5150



04103

U.S. POST  
PAID  
PORTLAND  
ME 04103  
NOV 27  
NCAMC  
\$  
R2303

*SNIP*

1st NOTICE 0012  
2nd NOTICE 12-4  
3rd NOTICE 12-4

**UNCLAIMED**

**SCANNED**

NIXIE 015 DE 1 7212/29/17  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 04101356699 \*1369-03435-29-15



STAGE  
ND, ME  
17  
UNT  
5.59  
101486-18

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Valerie B. Green  
19 Abbott St. #2  
Portland ME 04103



9590 9402 2591 6336 1627 49

2. Article Number (transfer from service label)

7014 1820 0001 4049 5150

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

344-FO21001

3. Service Type
- Adult Signature Restricted Delivery
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Mail Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt