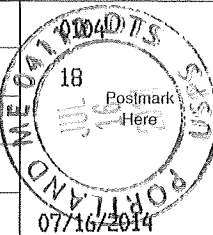


U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04103

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
355 A010 Total Postage & Fees	\$	\$6.49



Sent To DOROTHY INGRAHAM HEIRS

Street, Apt. No.,
or PO Box No. 1087 Riverside 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:

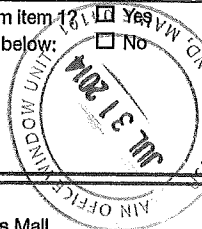
**INGRAHAM DOROTHY M HEIRS
 1087 RIVERSIDE ST
 PORTLAND ME 04103**

RE: 355 A010

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Dorothy Ingraham C. Date of Delivery Jul 31 2014
- 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)

7013 1090 0002 1737 7332