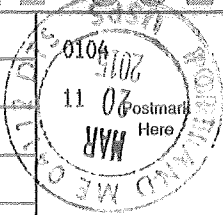


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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PORTLAND ME 04103

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



03/20/2015

7010 1870 0002 8136 6981

Sent To ELEANOR MCKENNEY
 Street, Apt. No., or PO Box No. 15 CHRISTY RD
 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:
ELEANOR K MCKENNEY
15 CHRISTY RD
PORTLAND ME 04103

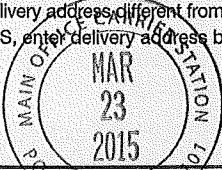
RE: 379 F011
INSP

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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



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 6981