

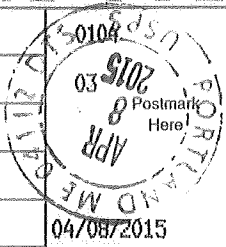
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04103 **OFFICIAL USE**

7070 1870 0002 8136 7070

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
379 F011 Total Postage & Fees	\$	\$6.49



Sent To
 Street, Apt. No., or PO Box No. **Mckenney Eleanor K**
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:

MCKENNEY ELEANOR K
15 CHRISTY RL
PORTLAND ME 04103

RE: 379 F011
INSP

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Eleanor K Mckenney 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

APR 21 2015
 OFFICE WIND
 U.S. POSTAL SERVICE
 PORTLAND, MAINE 04103

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) **7070 1870 0002 8136 7070**