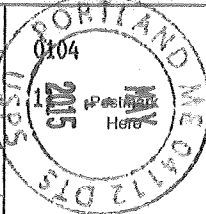


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04102

Postage	\$ 04.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
412 A008 Total Postage & Fees	\$ 06.49



05/01/2015

Sent to **Jacob Staub**
 Street, Apt. No.;
 or PO Box No. **134 CALEB ST**
 City, State, ZIP+4 **PORTLAND ME 04102**

PS Form 3800, August 2006

See Reverse for Instructions

7650 8136 0002 1870 7010

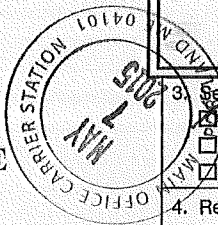
SENDER: COMPLETE THIS SECTION

- 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:

JACOB P STAUB
134 CALEB ST
PORTLAND ME 04102

RE: 412 A008
INSP: 760 OCEAN AVE



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/7/15

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 7650