

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

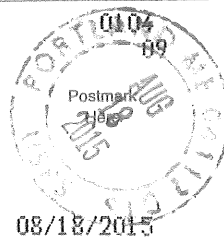
For delivery information visit our website at www.usps.com.

PORTLAND, ME 04102

OFFICIAL USE

7010 1870 0002 8136 8961

Postage	\$3.15
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
427 D019	\$0.49
Total Postage & Fees	\$6.74



Sent To: **SABATO RAIJA**
 Street, Apt. No., or PO Box No.: **101 DENNET ST**
 City, State, ZIP+4: **PORTLAND ME 04102**

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION



■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SABATO RAIJA
 101 DENNET ST
 PORTLAND ME 04102**

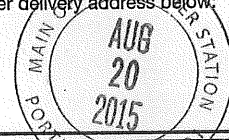
**RE: 427 D019
 INSP: 29 ARCADIA ST**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Sabato Raia 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 8961

PS Form 3811, July 2013

Domestic Return Receipt