

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

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

NORTH YARMOUTH ME 04097

OPTIONAL USE

7965 3273 0002 0000 0900 3090 7010

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
428 C015 Total Postage & Fees INSP	\$ 6.49



Sent To Adshead
 Street, Apt. No., or PO Box No. 14 Hennings way
 City, State, ZIP+4 North Yarmouth ME 04097

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:
**ADSHEAD CHRISTOPHER &
 MICHELLE ADSHEAD
 14 HENNINGS WAY
 NORTH YARMOUTH ME 04097**

**RE: 428 C015
 INSP**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Michelle Adshead

B. Received by (Printed Name) CF C. Date of Delivery 12/3/14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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) **7010 3090 0002 3273 7965**