

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

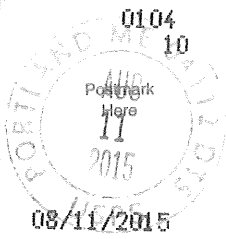
For delivery information visit our website at www.usps.com

PORTLAND, ME 04103

OFFICIAL USE

7010 1870 0002 8136 8893

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
431 C015	\$0.49
Total Postage & Fees	\$6.74



Sent To **KATHRYN ELLIS**
 Street, Apt. No., or PO Box No. **8 CHESTER ST**
 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.



or on the front space permit.

1. Article Addressed to:

KATHRYN ELLIS
8 CHESTER ST
PORTLAND ME 04103

RE: 431 C015
INSP: 8 CHESTER ST

2. Article Number

(Transfer from service label)

7010 1870 0002 8136 8893

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Jan LeRow* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013

Domestic Return Receipt