

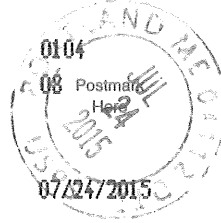
7010 1870 0002 8136 8817

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

PORTLAND ME 04103

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
432 F001 Total Postage & Fees	\$0.49
INSP	\$6.74



Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

CHRISTOPHER PERKS  
 11 OLYMPIA ST  
 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 name and address on the reverse



1. Article Addressed to:

CHRISTOPHER PERKS  
 11 OLYMPIA ST  
 PORTLAND ME 04103

RE: 432 F001  
 INSP: 11 OLYMPIA ST

2. Article Number

(Transfer from service label)

7010 1870 0002 8136 8817

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ 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

3. Service Type

- ☐ Certified Mail<sup>®</sup> ☐ Priority Mail Express<sup>™</sup>  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes