

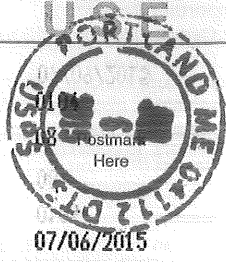
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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FALMOUTH ME 04105

7010 1870 0002 8136 8510

Postage	\$ 33.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
433 G003 Total Postage & Fees	\$0.49
INSP	\$6.74




Sent To **GREGORY SCOTT**
 Street, Apt. No., or PO Box No. **68 ROCKAWAY RD**
 City, State, ZIP+4 **FALMOUTH, ME 04105**

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.



1. Article Addressed to:

**GREGORY SCOTT
 68 ROCKAWAY RD
 FALMOUTH MAINE 04105**

**RE: 433 G003
 INSP: 10 VICTORIA ST**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

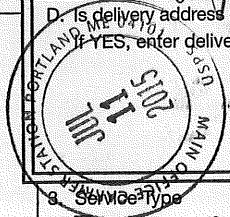
B. Received by (Printed Name) **[Signature]** C. Date of Delivery **7/6/15**

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

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 8510**