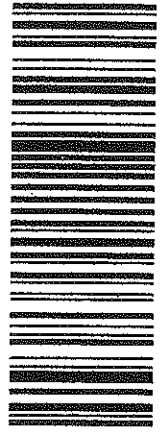


CERTIFIED MAIL™

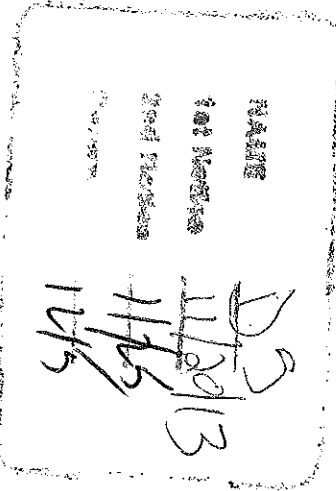
*Strengthening a Remarkable City,
Building a Community for Life*

**PORTLAND
MAINE**

Inspections Division
389 Congress Street, RM 315
Portland, Maine 04101-3509



7013 1090 0002 1737 6465



Tum Abdela
155 Allen Ave
Portland, ME 04103

0410383714 0082

0410383714 0082

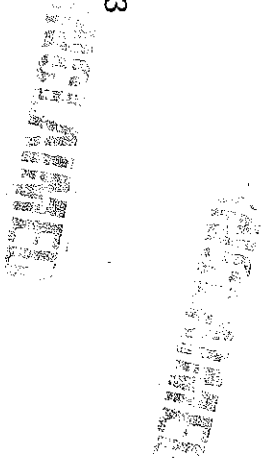


1000



04103

U.S. POSTAGE
PAID
PORTLAND, ME
04101
NOV 19, 2013
AMOUNT
\$6.11
00030643-18



PRINT DELIVERY ADDRESS FOR POSTAGE
POSTAGE WILL BE PAID BY ADDRESSEE

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:

**Tum Abdela
155 Allen Ave
Portland, Maine 04103**

436 A024

2. Article Number

(Transfer from service label)

7013 1090 0002 1737 6465

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes