

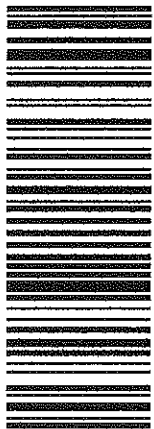
Strengthening a Remarkable City.  
Building a Community for Life

**PORTLAND  
MAINE**

Inspections Division

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

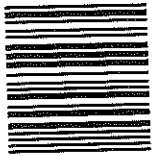
**CERTIFIED MAIL™**



7013 1090 0002 1737 6564



1000



04103

U.S. POSTAGE  
PAID  
PORTLAND, ME  
04101  
NOV 25 2013  
AMOUNT

**\$6.11**

00053806-08

NOV 25 2013  
PORTLAND, ME

Abdela Tum & Sherifa Hussen  
155 Allen Ave.  
Portland, ME 04103

DS  
11/25/13  
12-2  
12-12

0410363714 0082

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS LABEL

**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:

**Abdela Tum & Sherifa Husen**  
**115 Allen Ave.**  
**Portland, ME 04103**

**436 A024**

2. Article Number  
(Transfer from service)

**7013 1090 0002 1737 6564**

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?  
If YES, enter delivery address below:

Yes  
 No

3. Service Type

Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes