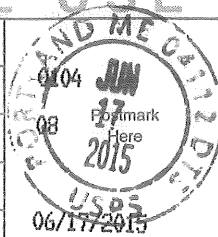


U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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
		N/A
<b>436 A024</b> Total Postage & Fees	\$	\$0.49
<b>INSP</b>		\$6.74



8398 8398 9136 2000 0070 1870 0103

Sent To **ABDELA TUM**  
 Street, Apt. No.; or PO Box No. **155 ALLEN AVE**  
 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.
- 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  
 155 ALLEN AVE  
 PORTLAND ME 04103**

**RE: 436 A024  
 INSP: 155 ALLEN AVE**

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x **Abdelra Tum**  Agent  Addressee

B. Received by (Printed Name)

**AI**

C. Date of Delivery

**6-25-15**

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

7010 1870 0002 8136 8398