

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.



1. Article Addressed to:

HAT, LLC c/o
BERARD P CONLEY, JR
465 CONGRESS ST
SUITE 800
PORTLAND, ME 04101

2. Article Number
(Transfer from service label)

7015 3010 0000 0200 9130

PS Form 3811, July 2

0E76 0020 0000 070E 5702

COMPLETE THIS SECTION ON DELIVERY

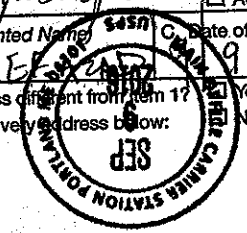
A. Signature

X *[Handwritten Signature]*

Agent
 Addressee

B. Received by (Printed Name) *RAMONA ARE...* State of Delivery *ME*

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