

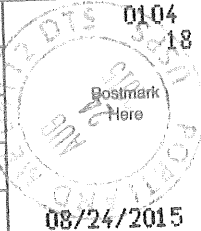
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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**PORTLAND, ME 04102** **OFFICIAL USE**

7008 0500 0001 4587 8942


Postage	\$3.15	\$2.80
Certified Fee	\$0.00	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00	\$0.00
028 C004	\$0.94	
Total Postage & Fees	\$6.74	



Sent To **CLARK BOX LLC**  
 Street, Apt. No., or PO Box No. **251 DANFORTH ST**  
 City, State, ZIP+4 **PORTLAND ME 04102**

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:  
**CLARK BOX LLC**  
**251 DANFORTH ST**  
**PORTLAND ME 04102**

**RE: 028 C004**  
**INSP: 312 CONGRESS ST**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Dulles Lwa*

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®  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) **7008 0500 0001 4587 8942**