

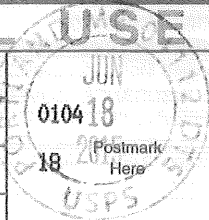
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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SOUTH PORTLAND ME 04106

7010 1870 0002 8136 8428

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
028 N010 Total Postage & Fees	\$0.49
111 Middle	\$6.74



06/18/2015

Sent To **VENTURE III HOLDINGS LLC**
 Street, Apt. No., or PO Box No. **199 ELDERBERRY DR**
 City, State, ZIP+4 **SOUTH PORTLAND ME 04106**

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:

VENTURE III HOLDINGS LLC
199 ELDERBERRY DR
SOUTH PORTLAND ME 04106

RE: 028 N010
INSP: 111 MIDDLE ST

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

X

B. Received by (Printed Name) _____ C. Date of Delivery **6/20**

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) **7010 1870 0002 8136 8428**