

OF THE RIGHT OF THE RETURN ADDRESS, FORWARD TO THE ADDRESSEE

**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:

**Ace Holdings LLC**  
**P.O. Box 10096**  
**Portland, Maine 04104**

**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?  Yes  
If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (*Extra Fee*)  Yes

**033 D020**

2. Article Number **7009 0820 0001 4189 2324**  
(*Transfer from service label*)

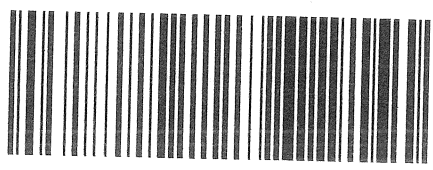
PS Form 3811, February 2004 Domestic Return Receipt

**CERTIFIED MAIL™**

*a Remarkable City,  
a Community for Life*

**PORTLAND  
MAINE**

Services Division  
Main Street, RM 315  
Portland, Maine 04101-3509

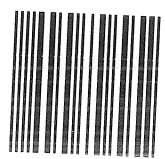


7009 0820 0001 4189 2324



UNITED STATES  
POSTAL SERVICE

1000



04104

U.S. POSTAGE  
PAID  
PORTLAND, ME  
04101  
MAY 26, 10  
AMOUNT

**\$5.71**

00021748-18

**UNCLAIMED**  
RETURNED TO SENDER

~~Ace Holdings LLC  
P.O. Box 10096  
Portland, Maine 04104~~

NAME	
1st Notice	5/27
2nd Notice	6/2
Return	6/12



**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:

**Ace Holdings LLC  
P.O. Box 10096  
Portland, Maine 04104**

**033 D020**

2. Article Number

*(Transfer from service label)*

7009 0820 0001 4189 2324

**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?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (*Extra Fee*)

Yes