

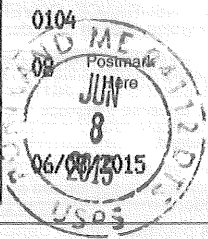
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

PORTLAND ME 04112

7010 1870 0002 8136 8022

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



Sent To **MAF LLC**  
 Street, Apt. No.; or PO Box No. **PO Box 15430**  
 City, State, ZIP+4 **PORTLAND ME 04112**

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:

**MAF LLC  
 FO BOX 15430  
 PORTLAND ME 04112**

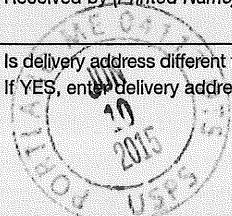
**RE: 036 F011  
 INSP: 212 HIGH ST**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X [Signature]*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:



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 8022**