

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

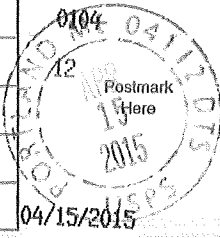
For delivery information visit our website at www.usps.com

BOSTON MA 02116

OFFICIAL USE

7124 8136 0002 1870 0002 036 020 INSP

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
036 020 Total Postage & Fees	\$	\$6.49



Sent To **CPP ASSOCIATES LLC**
 Street, Apt. No., or PO Box No. **170 NEWBURY ST**
 City, State, ZIP+4 **BOSTON MA 02116**

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:

**CPP ASSOCIATES LLC
170 NEW BURY ST
BOSTON MA 02116**

**RE: 036 020
INSP 36-F-20**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Judith Deignan

B. Received by (Printed Name) **JUDITH DEIGNAN** 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 7124**