

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

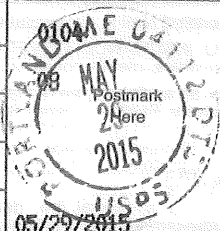
For delivery information visit our website at [www.usps.com](http://www.usps.com)

WEST LEBANON NH 03784

**OFFICIAL USE**

7010 1870 0002 8136 8282

|   |          |
|---|----------|
| Postage   | \$ 0.49  |
| Certified Fee                                     | \$3.30   |
| Return Receipt Fee<br>(Endorsement Required)      | \$2.70   |
| Restricted Delivery Fee<br>(Endorsement Required) | \$0.00   |
| <b>037 I003</b><br>Total Postage & Fees           | \$ 16.49 |



Sent To  
**BG CARLETON**  
 Street, Apt. No.,  
 or PO Box No. **21 TECHNOLOGY DR**  
 City, State, ZIP+4 **WEST LEBANON NH 03784**

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:  
**BG CARLETON 2/14/91 LLC**  
**21 TECHNOLOGY DR**  
**WEST LEBANON NH 03784**

**RE: 037 I003**  
**INSP: 482 CONGRESS ST**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 \* *Kelly Caron*  Agent  Addressee

B. Received by (Printed Name)  
*Kelly Caron*

C. Date of Delivery  
*6/1/15*

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 8282**