

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:

**THIDWICK LLC
BOX 411 100 COMMERCIAL ST
PORTLAND MAINE 04101**

RE: 039 A037

2. Article Number
(Transfer from service label)

7013 1090 0002 1737 6687

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

Agent
 Addressee

B. Received by (Printed Name)

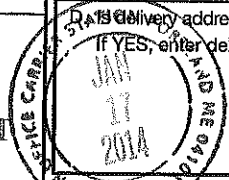
DANIEL SOLE

C. Date of Delivery

1/17

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