U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com PORTLAND ME 04101 1737 Postage \$0.49 0104 Certified Fee \$3.30 2000 Posimark Return Receipt Fee (Endorsement Required) Here \$2.70 Restricted Delivery Fee (Endorsement Required) \$0.00 1090 Total Postage & Fees \$6.49 06/06/2014 013 or PO Box No. City, State, ZIP+4

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  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:
10 Marginal Way Suite PEAland, ME 04101	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7013 1	090 0002 1737 7127

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004