CERTIFIED MAIL, (Domestic Mail Only; No Institute of Company) For delivery information visit ou PORTI AND, MF 04101	RECEIPT urance Coverage Provided)
Return Reciept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	2.40 Postmark 2.85 Clerk: KZZ77/
Total Postage & Fees \$ 4 Sent To P. Cl. CDFF Street, Apt. No.; or PO Box No. City, State, ZIP-14 PS Form 3800, June 2002	See Reverse for Instructions
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 X. Search Agent Addresses B. Received by (Printed Name) C. Date of Delivery 2 - 2 - 06
1. Article Addressed to: Rice Geoffrey 658 Congress St. 1st Floor Portland, Maine 04101	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
045 C 002	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandisc

045

2. Article Number

7002 2410 5157 0000 9735

4. Restricted Delivery? (Extra Fee)

☐ C.O.D.

☐ Insured Mail

(Transfer from service label) PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

☐ Yes