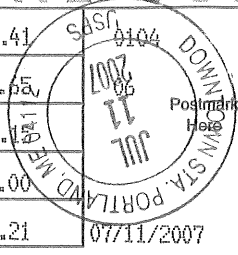


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Postage	\$	\$0.41
Certified Fee	\$	2.55
Return Receipt Fee (Endorsement Required)	\$	2.15
Restricted Delivery Fee (Endorsement Required)	\$	0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.21</b>



7007 0710 0002 4976 1313

Sent To Dr. Management LLC  
 Street, Apt. No., or PO Box No. 318 Brighton Ave  
 City, State, ZIP+4 Portland ME 04102  
 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:  
Dr. Management Inc  
318 Brighton Ave.  
Portland, ME 04102

2. Article Number  
 (Transfer from service label) 7007 0710 0002 4976 1313

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  [Signature]  Agent  Addressee  
 B. Received by (Printed Name) Robert [Signature] C. Date of Delivery 7-17-07

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes