

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

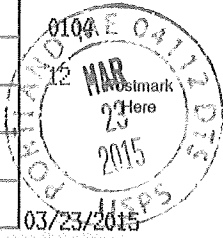
For delivery information visit our website at www.usps.com

AUGUSTA ME 04330

OFFICIAL USE

7010 1870 0002 8136 7193

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
053 C005 Total Postage & Fees	\$	\$6.49



Sent To **CORPORATION SERVICES CO**
 Street, Apt. No., or PO Box No. **45 MEMORIAL CIR.**
 City, State, ZIP+4 **AUGUSTA ME 04330**

PS Form 3800, August 2006 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 Agent Addressee
X S. Patenaude

B. Received by (Printed Name) **S. PATENAUDE** C. Date of Delivery **3/24/15**

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

1. Article Description
**CORPORATION SERVICES CO
 (AS REGISTERED AGENT)
 45 MEMORIAL CIRCLE
 AUGUSTA ME 04330**

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

RE: 053 C005
INSP

2. Article Number (Transfer from service label) **7010 1870 0002 8136 7193**