

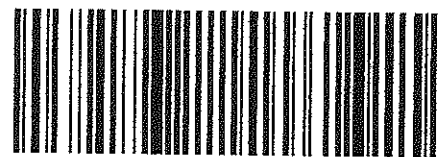
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed To</p> <p><b>SEA OTTER LIMITED LIABILITY</b> 39 COVESIDE LN YARMOUTH ME 04096</p> <p>RE: 056 G004</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7013 1090 0002 1737 6489</b></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

**CERTIFIED MAIL™**

Strengthening a Remarkable City,  
Building a Community for Life

**PORTLAND MAINE**

Inspection Services Division  
389 Congress Street, RM 315  
Portland, Maine 04101-3509



7013 1090 0002 1737 6489



1000 04096

U.S. POSTAGE  
PAID  
PORTLAND, ME  
04101  
DEC 02, 2013  
AMOUNT  
**\$6.11**  
00053806-08

December 2, 2013

SEA OTTER LIMITED LIABILITY  
39 COVESIDE LN  
YARMOUTH ME 04096

R1  
NL

NIXIE 015 DC 1 0002/07/14

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 04101357196 \*2269-06899-02-42

04101@3571