

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

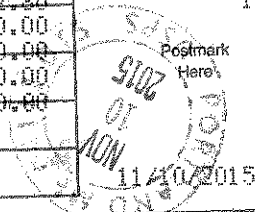
For delivery information visit our website at www.usps.com

YARMOUTH, ME 04096

**OFFICIAL USE**



7010 1870 0002 8136 9487

Postage	\$3.45		0104
Certified Fee	\$2.80		11
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$6.74		



Sent To **SEA OTTER TAYLOR LTD**  
 Street, Apt. No., or PO Box No. **39 COVESIDE LN**  
 City, State, ZIP+4 **YARMOUTH ME 04096**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete</p>  <p>or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>SEA OTTER TAYLOR LTD</b>  <b>39 COVESIDE LN</b>  <b>YARMOUTH ME 04096</b></p> <p><b>RE: 057 B009</b>  <b>INSP: 12 TAYLOR ST</b></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent   <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Mr. Perry</b> C. Date of Delivery <b>11-12-15</b></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"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 1870 0002 8136 9487</p>