

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

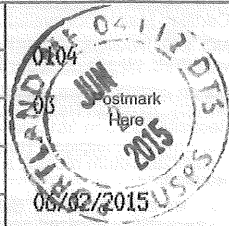
For delivery information visit our website at www.usps.com

PORTLAND ME 04102

OFFICIAL USE

7010 1870 0002 8136 7995

| | |
|---|---------|
| Postage | \$ 3.45 |
| Certified Fee | \$2.80 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | N/A |
| Total Postage & Fees | \$6.74 |



Sent To **TRIDENT LLC**
 Street, Apt. No.; or PO Box No. **151 VAUGHAN ST**
 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:

**TRIDENT LLC
 151 VAUGHAN ST
 PORTLAND ME 04102**

**RE: 065 E002
 INSP: 274 PARK AVE**

2. Article Number
 (Transfer from service label)

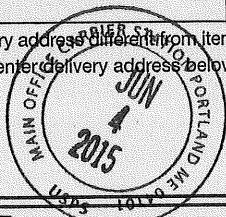
7010 1870 0002 8136 7995

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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



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

4. Restricted Delivery? (Extra Fee) Yes