

7010 3090 0002 3273 8474

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$3.31
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47

0104
18
Postmark Here
06/06/2016

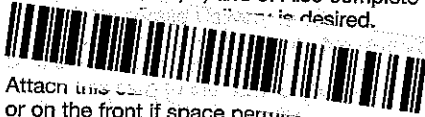
Sent To **RAHEM LLC**
 Street, Apt. No., or PO Box No. **PO BOX 6149**
 City, State, ZIP+4 **FALMOUTH ME 04105**

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete if insurance is desired.



Attach this receipt to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

**RAHEM LLC
PO BOX 6149
FALMOUTH ME 04105**

**CBL: 065 E006
INSP: 109 GILMAN ST #3**

2. Article Number
(Transfer from service label)

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PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *William F. M...*

Agent
 Addressee

B. Received by (Printed Name)

MOHAMMAD K...

C. Date of Delivery

6 8 16

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