

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

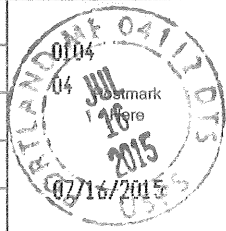
For delivery information visit our website at [www.usps.com](http://www.usps.com)

FALMOUTH ME 04105

OFFICIAL USE

7010 1870 0002 8136 8565

Postage	\$ 43.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
<i>065 E006</i> Total Postage & Fees	\$46.49
<i>INSP</i>	\$6.74



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 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:

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

**RE: 065 E006  
 INSP: 109 GILMAN ST #4**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

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

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7010 1870 0002 8136 8565**