

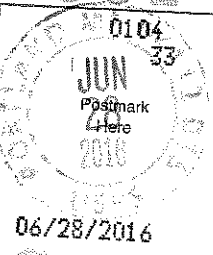
7010 3090 0002 3273 8580

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

For delivery information visit our website at www.usps.com
FALMOUTH ME 04105

OFFICIAL USE


Postage	\$3.30
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To **RAHMON 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 required.
- 
- or on the front if space permits.

1. Article Addressed to:
RAHMON LLC
PO BOX 6149
FALMOUTH ME 04105

CBL: 065 E007
INSP: 105 GILMAN ST

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) **Moltund Kaga** 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

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