

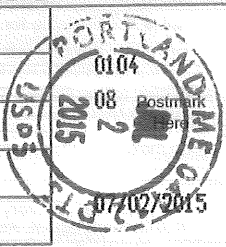
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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PORTLAND ME 04101

7010 1870 0002 8136 8480

Postage	\$ 13.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
<i>066A For</i> Total Postage & Fees	\$ 16.49
<i>INSP</i>	\$6.74



Sent To **19 SOUTH ST LLC**  
 Street, Apt. No.;  
 or PO Box No. **PO BOX 4182**  
 City, State, ZIP+4 **PORTLAND ME 04101**

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



1. Article Addressed to:

**19 SOUTH STREET LLC  
 PO BOX 4182  
 PORTLAND ME 04101**

**RE: 066A F012  
 INSP: 463 ST JOHN ST**

2. Article Number  
*(Transfer from service label)*

7010 1870 0002 8136 8480

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *W Reppucci*  Addressee

B. Received by *(Printed Name)* **Wendy Reppucci** C. Date of Delivery **7/5**

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