

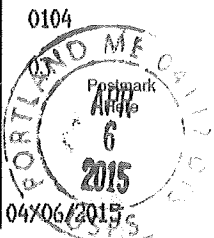
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

PORTLAND ME 04102 **OFFICIAL USE**

7056 7056 8136 0002 9170 1870

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>067 K013</b> Total Postage & Fees	\$ 6.49



Sent To **HELMAND LLC**  
 Street, Apt. No., or PO Box No. **170 BRIGHTON AVE**  
 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:

**HELMAND LLC**  
**170 BRIGHTON AVE**  
**PORTLAND ME 04102**

**RE: 067 K013**  
**INSP**

**COMPLETE THIS SECTION ON DELIVERY**

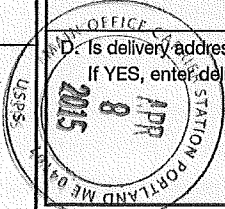
A. Signature  Agent  Addressee  
*X M. J. W.*

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



2. Article Number (Transfer from service label) **7010 1870 0002 8136 7056**