

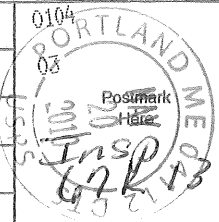
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

**OFFICIAL USE**

7009 0820 0001 4189 2072

Portland ME 04102	Postage	\$ 0.44
	Certified Fee	\$2.80
	Return Receipt Fee (Endorsement Required)	\$2.30
	Restricted Delivery Fee (Endorsement Required)	\$0.00
	Total Postage & Fees	\$



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:

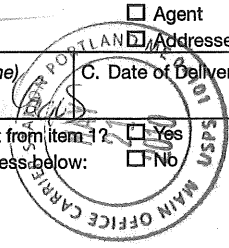
**Helmand LLC**  
**170 Brighton Ave**  
**Portland, Maine 04102**

2. Article Number  
 (Transfer from service label)

7009 0820 0001 4189 2072

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) Quinn...
- C. Date of Delivery 6/28/03
- D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:



3. Service Type
- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes