

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

For delivery information visit our website at www.usps.com

SIoux FALLS SD 57186

7010 3090 0002 3273 8429

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
116 C00	\$1.49
Total Postage & Fees	\$6.74

0104
 FEB 23 2016
 Postmark Here
 02/23/2016

Sent To: **FORESTATE MAINE ASSOC LLC**
 Street, Apt. No., or PO Box No. **PO BOX 18380**
 City, State, ZIP+4 **SIoux FALLS SD 57186**

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:
FORESTATE MAINE ASSOC. LLC
PO BOX 18380
SIoux FALLS SD 57186

CBL: 116 C001
INSP: 428 FOREST AVE

2. Article Number
 (Transfer from service label)

7010 3090 0002 3273 8429

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Richard J. Zelentka* Agent Addressee

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