

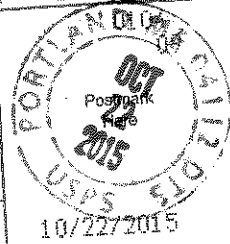
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

CUMBERLAND CENTER, ME 04021

7010 1870 0002 8136 9425

Postage	\$7.30
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$7.30



Sent To **OLD VALLES LLC**
 Street, Apt. No.; or PO Box No. **263 Blanchard RD**
 City, State, ZIP+4 **Cumberland, ME 04021**

RS Form 3800, August 2005

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete



or on the front if space permits.

1. Article Addressed to:

OLD VALLE'S LLC
263 BLANCHARD RD
CUMBERLAND ME 04021

RE: 129 A001
INSP: 660 FOREST AVE

2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 9425

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **Fred K...** C. Date of Delivery **10/24/15**

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