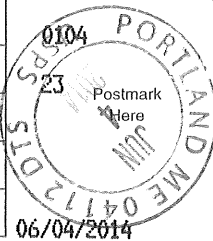


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PORTLAND ME 04103

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
194 C026 Total Postage & Fees	\$	\$6.49



7013 1090 0002 1737 7080

Sent To ACFP LLC
 Street, Apt. No., or PO Box No. 970 WASHINGTON AVE
 City, State, ZIP+4 PORTLAND ME 04103
 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:

ACFP LLC
970 WASHINGTON AVE
PORTLAND ME 04103

RE: 194 C026

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) Ann Koderick C. Date of Delivery 6/5/14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7013 1090 0002 1737 7080