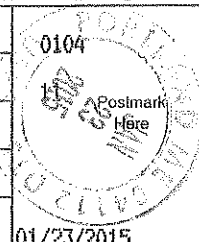


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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FALMOUTH ME 04105

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
435 G020 Total Postage & Fees	\$ 6.49



7010 3090 0002 3273 7903

Sent To **RAHEM LLC**
 Street, Apt. No., or PO Box No. **PO Box 6149**
 City, State, ZIP+4 **FALMOUTH ME 04105**

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:
RAHEM LLC
PO BOX 6149
FALMOUTH ME 04105

RE: 435 G020
INSP

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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

2. Article Number (Transfer from service label) **7010 3090 0002 3273 7903**