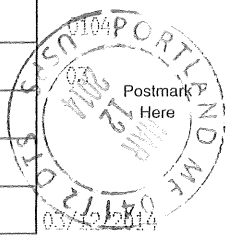


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

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



7013 1090 0002 1737 6762

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 THIS SECTION ON DELIVERY

- 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.

A. Signature Agent Addressee
X [Signature]

B. Received by (Printed Name) C. Date of Delivery

1. Article Addressed to:

RAHEM LLC
PO BOX 6149
FALMOUTH MAINE 04105

RE: 435 G020

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

2. Article Number (Transfer from service label) **7013 1090 0002 1737 6762**