

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

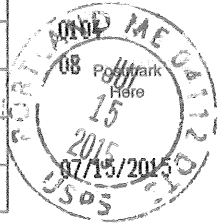
For delivery information visit our website at www.usps.com®

FALMOUTH ME 04105

OFFICIAL USE

7010 1870 0002 8136 8534

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
435 6020 Total Postage & Fees	\$0.49
INSP	\$6.74



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.



1. Article Addressed to:

**RAHEM LLC
 PO BOX 6149
 FALMOUTH ME 04105**

**RE: 435 G020
 INSP: 57 ALLEN AVE**

2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 8534

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

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