

7003 3110 0002 6064 1237

U.S. Postal Service™

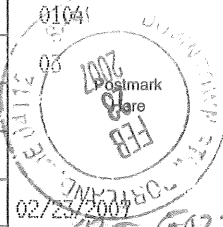
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

NEWTON CENTER MA 02459

Postage	\$	\$0.63
Certified Fee		\$2.40
Return Receipt Fee (Endorsement Required)		\$1.85
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$4.88



Sent To **SS Morrills LLC**

Street, Apt. No.; or PO Box No. **One Wells Ave**

City, State, ZIP+4 **Newton, MA 02459**

PS Form 3800, June 2002 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:

SS Morrills LLC
One Wells Ave
Newton, MA 02459

435 G 021

2. Article Number

(Transfer from service label)

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **R. G. Gosh**

Agent

Addressee

B. Received by (Printed Name)

R. G. Gosh

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

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes