

RECEIVED-FPSC

2017 OCT 10 AM 9:04

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  Zachary Noyes 9/29/17</p>
<p>1. Article Addressed to: <b>20710111-TX</b>  <b>04195-2017</b></p> <p>SQF, LLC  Nicholas Bournakel, Administrator  245 Commercial Street, Suite 203  Portland, ME 04101</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No  If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article No. <b>7015 0640 0001 2706 4230</b>  <small>(Transfer from service label)</small></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

FILED 10/10/2017  
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