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 mailplece, or on the front if space permits. 	A. Signature Agent Addressee B. Heceived by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
BRIAN THIBEAULT KINGSBURY ACQUISITION LLC 300 GAY STREET	JUL 1 2 2016 Oil Remediation &
MANCHESTER NH 03103	3. Service Type Certified Mall Registered Insured Mall C.O.D.
199102028	4. Restricted Delivery? (Extra Fee)
	OOOT PORA OISP
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540