

TC06-207

7957 2629 9000 0000 0100 7006

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

TC06-207

Sent To: *Energy Group*

Street, Apt. No.; or PO Box No.: *1550 W. 84th St, Ste 50*

City, State, ZIP+4: *Alachua, FL 33014*

PS Form 3800, June 2002 See Reverse for Instructions

6345 0950 3560 5493 7005 3110 0000 3560 5493

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: *Energy Group LLC*

Street, Apt. No.; or PO Box No.: *P.O. Box 249*

City, State, ZIP+4: *Newborn, MI 48121*

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 mail piece, or on the front if space permits.

1. Article/Addressed to:

Energy Group LLC
P.O. Box 249
Newborn, MI
48121

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by: (Printed Name) _____ C. Date of Delivery: *2107*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type: *TC06-207*
 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): **7005 3110 0000 3560 5493**