

7000 0600 0029 5047 8062

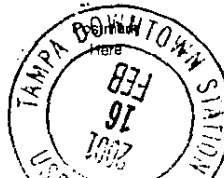
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

RET-TransPacific Holdings LLC-UBR 275721
0002

Postage	\$.34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74



Recipient's Name (Please Print Clearly) (to be completed by mailer)
Div. of Corporations UBR 275721
Street, Apt. No., or PO Box No.
P.O. Box 1500
City, State, ZIP+4
Tallahassee, FL 32302-1500

PS Form 3800, February 2000

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:

Division of Corporations
Uniform Business Report Delivery
P.O. Box 1500
Tallahassee, FL 32302-1500

2. Article Number (Copy from service label)

7000 0600 0029 5047 8062

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **Michael A. G...** B. Date of Delivery **FEB 20 2001**
- C. Signature **Michael A. G...** D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

Accept for Merchandise

☐ Yes