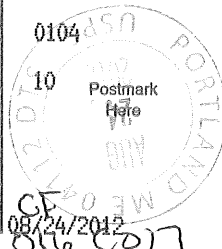


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04101

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75



Sent To Phillip Swegart
 Street, Apt. No.,
 or PO Box No. 29 Atlantic St.
 City, State, ZIP+4 Portland, ME 04101

PS Form 3800, August 2006 See Reverse for Instructions

7010 1870 0002 8136 6226

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.

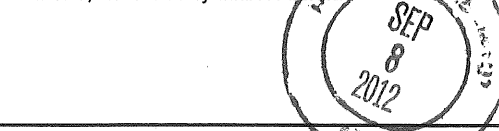
1. Article Addressed to:

PHILLIP SWEGART
29 ATLANTIC STREET
PORTLAND, ME 04101

016 C017

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
X Robert B. Swegart, POA
- B. Received by (Printed Name) Robert Swegart, POA
- C. Date of Delivery SEP 8 2012
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:



3. Service Type
☒ 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)

7010 1870 0002 8136 6226