

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 04112

OFFICIAL USE

7005 1160 0000 4787 1665

Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

UNIT ID: 0104

Postmark Here

Clerk: KYKFB

04/18/06
44C001

Sent To JOHN CAMPBELL TRUSTEE

Street, Apt. No.;
or PO Box No. PO Box 369

City, State, ZIP+4 PORTLAND, ME 04112

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 mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN CAMPBELL TRUSTEE
P.O. Box 369
PORTLAND, ME 04112

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

[Signature]

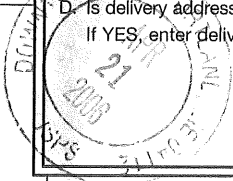
B. Received by (Printed Name) JOHN S CAMPBELL

C. Date of Delivery

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

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 se) 7005 1160 0000 4787 1665