

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

7010 0780 0001 1493 2513

NEWFIELDS NH 03856

01804

Re Coll. England

02/17/13 DTS

Postmark Here 2013

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

Sent To **HUGHES + HOLDEN TRUST**

Street, Apt. No., or PO Box No. **39 MEADOW RD**

City, State, ZIP+4 **NEWFIELDS NH 03856**

PS Form 3800, August 2006 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:

**SHARON HUGHES  
 & LORI HOLDEN TRUST.  
 39 MEADOW ROAD  
 NEWFIELDS NH 03856**

**RE: 092 E027**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

X *Sharon Hughes*

B. Received by (Printed Name)  Agent  
 Addressee

C. Date of Delivery **3-6-13**

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 service label)

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