

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

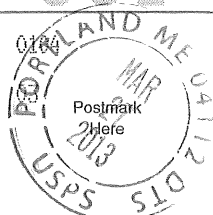
(Domestic Mail Only; No Insurance Coverage Provided)

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

NEWFIELD NH 03856

OFFICIAL USE

Postage	\$ 0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 46.11



03/27/2013

7010 3090 0002 3274 0255

Sent To: Sharon Hughes + Lori Holden
 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 Trustees
39 Meadow Rd
Newfields, NH 03856

150 C009001

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Sharon Hughes 3/29/13

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) 7010 3090 0002 3274 0255