

7005 1160 0000 1504 9317

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$	3/14/08 Postmark Here dy
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
KEITH J. CHAMBERLAIN
**Street, Apt. No.,
or PO Box No.** 9700 BILL BURNS RD.
City, State, ZIP+4 EMMETT ID 83617-9707

PS Form 3800, June 2002 See Reverse for Instructions