



DEAD RIVER COMPANY  
 P.O. BOX 400  
 RANGELEY, ME 04970-0400  
 (207) 864-5105 OR (800) 834-0030  
 www.deadriv.com

Niboban Camps Condo Associatio  
 C/O Leslie Lyden  
 20 Foreside Rd  
 Cumberland Foreside, ME 04110

INVOICE SUMMARY	
Account Number	3727044
Invoice Date	01/11/22
Previous Balance	\$0.00
Invoice Total	\$339.59
Amount Due	<b>*\$339.59</b>
Payment Due Date	<b>02/09/22</b>

\* Deduct \$9.57 and pay only \$330.02 when you pay by 01/25/22

## Invoice

01/11/22\*4812

ACCOUNT ACTIVITY					
Date	Ref #	Description	Qty (Gals)	Price/Gal	Amount
<b>Tank 4</b>		<b>Tag #4306/747 South Shore Drive/Mai</b>			
01/10/22	530062	#2 Heating Oil	90.7	\$3.549	\$321.89
01/10/22	530062	State Sales Tax			\$17.70

Past due balances incur a late fee (18% ANNUAL PERCENTAGE RATE)  
 You can now pay your bill online with MyAccount at www.deadriv.com

**\*\*PLEASE NOTE NEW PAYMENT ADDRESS BELOW\*\***



DEAD RIVER COMPANY  
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 RANGELEY, ME 04970-0400  
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Change of Address?  
 Check here and fill  
 out the back portion

343

PAYMENT SECTION	
ACCOUNT NUMBER:	3727044
DUE DATE:	<b>02/09/22</b>
AMOUNT DUE:	<b>*\$339.59</b>
AMOUNT ENCLOSED:	\$ _____

\* Deduct \$9.57 and pay only \$330.02 when you pay by 01/25/22

**IMPORTANT! New Payment Address**

Please begin using this new address immediately. If your payment is sent via your bank's Online Bill Payment service, please update the address and include your Dead River account number to avoid payment delays.

NIBOBAN CAMPS CONDO ASSOCIATIO  
 C/O LESLIE LYDEN  
 20 FORESIDE RD  
 CUMBERLAND FORESIDE, ME 04110

Dead River Company  
 PO Box 70354  
 Philadelphia, PA 19176-0354

0048123727044011122000033959530062200000033959000009570125220

ACCOUNT ACTIVITY

**CONTACT US**

*www.deadriver.com*

Our office is located at 2385 Main St, Rangeley, ME 04970

*Customer Service*

(207) 864-5105 OR (800) 834-0030

7:30am to 4:00pm Monday through Friday

*Emergency Response*

(207) 864-5105 or toll free (800) 622-0775

24 hours a day / 7 days a week

**Change of Address**

*Please print correct address below*

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Phone (C) \_\_\_\_\_

Email \_\_\_\_\_

If you would like to make a payment  
by credit card, please use our MyAccount online  
account management system at [www.deadriver.com](http://www.deadriver.com).

Or, you may call your local office to have your  
credit card payment processed over the phone.

Thank you!