DE 15-460

MCLANE MIDDLETON

THOMAS B. GETZ
Direct Dial: 603.230.4403
Email: thomas.getz@mclane.com
Admitted in NH
11 South Main Street, Suite 500
Concord, NH 03301
T 603.226.0400
F 603.230.4448

Via Electronic Mail and Hand Delivery

March 29, 2016

Ms. Debra A. Howland, Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Re: Docket DE 15-460: Northern Pass Transmission, LLC – Petition to Cross Public Waters

Dear Ms. Howland:

Enclosed for filing in the above-referenced docket, please find, pursuant to the Order of Notice issued on March 10, 2016, an original and six copies of an Affidavit of Notice.

Please contact me directly should you have any questions.

Sincerely,

Thomas B. Getz

TBG:slb
Enclosure

cc: Service List

THE STATE OF NEW HAMPSHIRE
PUBLIC UTILITIES COMMISSION

DE 15-460

NORTHERN PASS TRANSMISSION LLC

Petition to Cross Public Waters

AFFIDAVIT OF NOTICE

I, Thomas Getz, being duly sworn, do under oath depose and state as follows:

1. I am an Attorney at McLane Middleton, Professional Association, which represents Northern Pass Transmission LLC in the above-captioned matter.

2. Northern Pass Transmission LLC ("NPT") filed a request for license to construct and maintain electric lines at twenty-five locations over, under, and across public waters. The crossings are to be located in: Pittsburg, Clarksville, Stark, Lancaster, Dalton, Bethlehem, Franconia, Easton, Plymouth, Woodstock, Ashland, Bridgewater, New Hampton, Hill, Bristol, Franklin, Northfield, Concord, Pembroke, Allenstown, and Deerfield, New Hampshire. Seventeen of the crossings will be overhead, and eight will be underground.

3. By Order dated March 10, 2016, NPT was directed to notify 1) the New Hampshire Attorney General, 2) each town where the crossings will be constructed, and 3) all owners of lands within 100 feet of either side of the crossing on the affected state waters by causing a copy of the Order of Notice to be to be mailed via United States Certified Mail, return receipt requested, no later than March 21, 2016.

4. The Order requires that an affidavit be provided, no later than March 29, 2016, listing the names and addresses of the persons to whom notice was sent, along with copies of the return receipts.

5. Attached hereto as Exhibit A is a list of the names and addresses of the persons to whom notice was sent, along with copies of the return receipts received to date.

FURTHER THE AFFIANT SAYETH NOT.

3-29-16
Date

Thomas B. Getz

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

Personally appeared before me this 29th day of March, 2016, the above-described Thomas Getz, and made oath that the statements contained in the within Affidavit are true and accurate to the best of his knowledge and belief.

Notary Public/~~Justice of the Peace~~
My Commission Expires: _____

STACEY L. BURGESS
MY COMMISSION EXPIRES MAR. 30, 2016
NOTARY PUBLIC
NEW HAMPSHIRE

EXHIBIT A
(DE 15-460)

Town Clerk
Town of Pittsburg
1526 Main Street
Pittsburg, NH 03582

Board of Selectmen
Town of Clarksville
408 NH Route 145
Clarksville, NH 03584

Town Clerk
Town of Stark
1189 Stark Highway
Stark, NH 03582

Town Clerk
Town of Lancaster
25 Main Street
Lancaster, NH 03584

Town Clerk
Town of Dalton
756 Dalton Road
Dalton, NH 03598

Town Clerk
Bethlehem Town Office
PO Box 189
Bethlehem, NH 03574

Town Clerk
Franconia Town Office
PO Box 900
Franconia, NH 03580

Town Clerk
Easton Town Office
1060 Easton Valley Road
Franconia, NH 03580

Town Clerk
Plymouth Town Office
6 Post Office Square
Plymouth, NH 03264

Town Clerk
Woodstock Town Office
PO Box 156
North Woodstock, NH 03262

Town Clerk
Ashland Town Office
PO Box 517
20 Highland Street
Ashland, NH 03217

Town Clerk
Bridgewater Town Office
297 Mayhew Turnpike
Bristol, NH 03222

Town Clerk
New Hampton Town Office
6 Pinnacle Hill Road
New Hampton, NH 03256

Town Clerk
Hill Town Office
PO Box 236
Hill, NH 03243

Town Clerk
Bristol Town Office
230 Lake Street
Bristol, NH 03222

Franklin City Clerk
316 Central Street
Franklin, NH 03235

Town Clerk
Northfield Town Office
21 Summer Street
Northfield, NH 03276

City of Concord
41 Green Street
Concord, NH 03301

Town Clerk
Pembroke Town Office
311 Pembroke Street
Pembroke, NH 03275

Town Clerk
Allenstown Town Office
16 School Street
Allenstown, NH 03275

Town Clerk
Deerfield Town Office
PO Box 159
Deerfield, NH 03037

NH DES Wetlands Bureau
c/o Darlene Forst
PO Box 95
29 Hazen Drive
Concord, NH 03302-0095

Otto Herrmann Jr.
Deborah Herrmann
10454 Whittaker Road
Holland Park, NY 13354

Glenn Lunn
Ronald Lunn
Lunn Road
Stark, NH 03582

Jonathan Quay
Joy Quay
245 North Road
Lancaster, NH 03584

John E. Tolman
275 North Road
Lancaster, NH 03584

Bruce Savage
Robin Savage
290 North Road
Lancaster, NH 03584

Larry D. Rexford
Kathy E. Rexford
183 Colby Street
Whitefield, NH 03598

Stephen J. Butler
Kristin L. Butler
10 Pine Grove Avenue
Billerica, MA 01821

Karen L. Burrill-Murray
24 Maple Avenue
Foxborough, MA 02035

Paul Morrill
PO Box 362
Ashland, NH 03217-0362

Carol Currier
PO Box 34
Ashland, NH 03217

Ronald E. Towne
Beatrice Towne
3252 River Road
Plymouth, NH 02364

Lawrence E. Gilpatric
3451 River Road
Plymouth, NH 03264

Alister Shanks, Operations Project Mgr.
c/o US Army Corps of Engineers
2097 Maple Street
Contoocook, NH 03229

Leigh S. Garneau-Thompson
PO Box 272
Franklin, NH 03235

Joseph A. Garneau
Mary A. Cohen
PO Box 24
Franklin, NH 03235

Elaine Rogers
302 Chance Pond Road
Franklin, NH 03235

Judith A. Davis Trustee
Davis 2007 Revocable Trust
196 Lake Shore Drive
Franklin, NH 03235

Charles Schmidt
Right-of-Way Bureau Administrator
State of New Hampshire
PO Box 483
Concord, NH 03301

James P. Moran
70 Elm Street
Charlestown, MA 02129

Kevin Perron
86 Oak Hill Road
Concord, NH 03301

Jeffrey Schneider
Christine Schneider
33 Jennifer Drive
Concord, NH 03301

Jennifer B. Dusavitch
53 Appleton Street
Concord, NH 03301

Joseph J. Fitzgerald
Raina J. Eckhardt
89 Appleton Street
Concord, NH 03301

750 Acre Club LLC
15 Granili Drive
Andover, MA 01810

Renewable Properties, Inc.
780 N. Commercial Street
Manchester, NH 03105

Ronald E. Mahoney
Martha Mahoney
203 Sheep Davis Road
Concord, NH 03301

David Mikolaities, Lt. Col.
Adjutant General's Dept. Attn: FMO
1 Minuteman Way
Concord, NH 03301

William L. Allaire
817 Bachelder Road
Pembroke, NH 03275

Ronald J. Evans
829 Bachelder Road
Pembroke, NH 03275

William Carpenter
Division of Forests & Lands
Bear Brook State Park
PO Box 1856
Concord, NH 03302-1856

David A. Dias
417 South Main Street, Apt. 106
Memphis, TN 38103

Attorney General Joseph Foster
Department of Justice
33 Capitol Street
Concord, NH 03301

A B Aggregates, LLC
653 Main Street
Lancaster, NH 03584

Christopher Allwarden, Esq.
PSNH
PO Box 330
Manchester, NH 03104-1134

The John P. Morrison Sr. 2003 Trust
255 Pemigewasset Shores Road
Bristol, NH 03222

Pembroke Water Works
346 Pembroke Street
Pembroke, NH 03275

JCR Construction Co.
181 Route 27
Raymond, NH 03077

7015 1660 0001 0654 7410

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Tot
$

Se

Str

Cit

Postmark Here

Town Clerk
Town of Pittsburg
1526 Main Street
Pittsburg, NH 03582

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Town Clerk
Town of Pittsburg
1526 Main Street
Pittsburg, NH 03582

9590 9403 0125 5077 1273 72

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Holly Galick ☒ Agent ☐ Addressee

B. Received by (Printed Name)
Holly Galick

C. Date of Delivery
3/21/2016

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town of Clarksville
Board of Selectmen
408 NH Route 145
Clarksville, NH 03584

9590 9403 0125 5077 1273 96

2. Article Number *(Transfer from service label)*
7015 1660 0001 0654 7397

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Helene L Dionne ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Helene L Dionne
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1660 0001 0654 7397

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total F
$

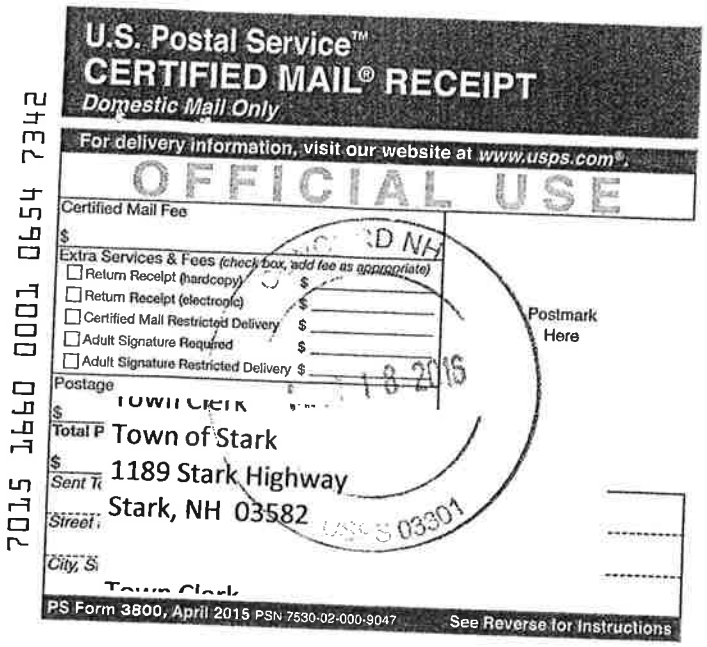
Sent T
Street
City, S

Board of Selectmen
408 NH Route 145
Clarksville, NH 03584

CONCORD NH
Postmark Here
MAR 18 2016
USPS 03301

Town Clerk

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Town of Stark
1189 Stark Highway
Stark, NH 03582

9590 9403 0125 5077 1274 64

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7342

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sue Croteau ☐ Agent ☐ Addressee

B. Received by (Printed Name) SUE CROTEAU

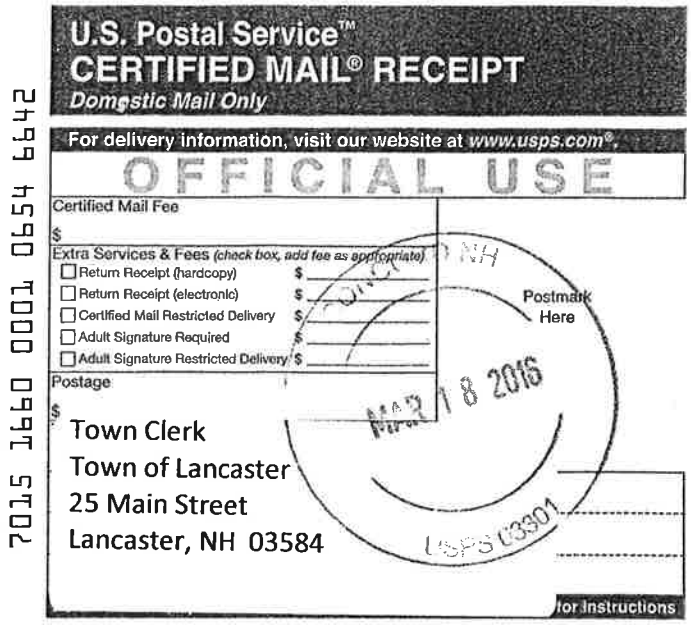
C. Date of Delivery 5/23/16

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Town of Lancaster
25 Main Street
Lancaster, NH 03584

9590 9403 0125 5077 1400 12

2. Article Number *(Transfer from service label)*

7015 1660 0001 0654 6642

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Michael O Nadeau ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* MICHAEL O. NADEAU C. Date of Delivery 3/21

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Mail Restricted Delivery 0)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7015 1660 0001 0654 6635

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Town Clerk
Town of Dalton
756 Dalton Road
Dalton, NH 03598

Town Clerk

CONCORD NH
Postmark Here
MAR 18 2016
USPS 03

or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Town Clerk
Town of Dalton
756 Dalton Road
Dalton, NH 03598

9590 9403 0125 5077 1275 01

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6635

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X LH Jordan ☐ Agent ☐ Addressee

B. Received by (Printed Name) LH JORDAN
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ ail
- ☐ ail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

CONCORD NH
MAR 18 2016
Postmark Here
USPS 0320

Town Clerk
Bethlehem Town Office
PO Box 189
Bethlehem, NH 03574

Town Clerk

for instructions

7015 1660 0001 0654 6659

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Town Clerk
Bethlehem Town Office
PO Box 189
Bethlehem, NH 03574

9590 9403 0125 5077 1274 88

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6659

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nicole McGrath ☒ Agent ☐ Addressee

B. Received by (Printed Name) Nicole McGrath
C. Date of Delivery 3/21/16

D. Is delivery address different from item 1? ☒ Yes ☐ No
If YES, enter delivery address below:
PO Box 185
Bethlehem, NH 03574

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
($500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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Certified Mail Fee
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Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total F
$

Sent T

Street

City, S

Postmark Here
MAR 18
USPS 03301

Town Clerk
Franconia Town Office
PO Box 900
Franconia, NH 03580

7015 1660 0001 0654 7380

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Franconia Town Office
PO Box 900
Franconia, NH 03580

Town Clerk

9590 9403 0125 5077 1274 71

2. Article Number *(Transfer from service label)*
7015 1660 0001 0654 7380

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R Whitcomb ☐ Agent ☐ Addressee

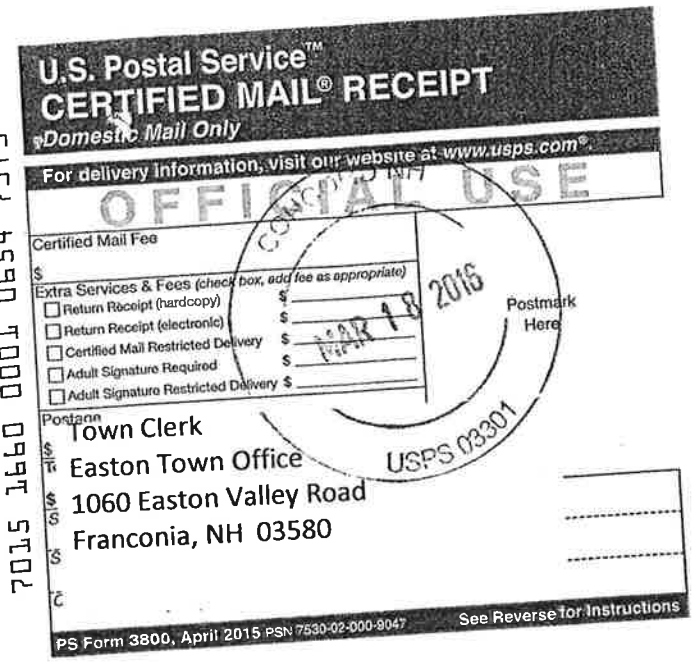
B. Received by *(Printed Name)* R Whitcomb
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Town Clerk
Easton Town Office
1060 Easton Valley Road
Franconia, NH 03580

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CONCORD NH MAR 18 2016 USPS 03301

Postmark Here

7015 1660 0001 0654 7373

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Town Clerk
Easton Town Office
1060 Easton Valley Road
Franconia, NH 03580

Town Clerk

9590 9403 0125 5077 1274 95

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7373

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nathy Atwood ☒ Agent ☐ Addressee

B. Received by (Printed Name) Nathy Atwood
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

icted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pos
$

Sent To
Town Clerk
Plymouth Town Office

Street and
6 Post Office Square

City, State
Plymouth, NH 03264

CONCORD NH
Postmark Here
APR 18 2016

7015 1660 0001 0654 7366

PS Form Town Clerk PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Town Clerk
Plymouth Town Office
6 Post Office Square
Plymouth, NH 03264

9590 9403 0125 5077 1274 40

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7366

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Fritts ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To Town Clerk
Street a Woodstock Town Office
PO Box 156
City, St North Woodstock, NH 03262

Postmark Here
MAR 18
USPS 03301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7359

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Town Clerk
Woodstock Town Office
PO Box 156
North Woodstock, NH 03262

Town Clerk

9590 9403 0125 5077 1274 57

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7359

COMPLETE THIS SECTION ON DELIVERY

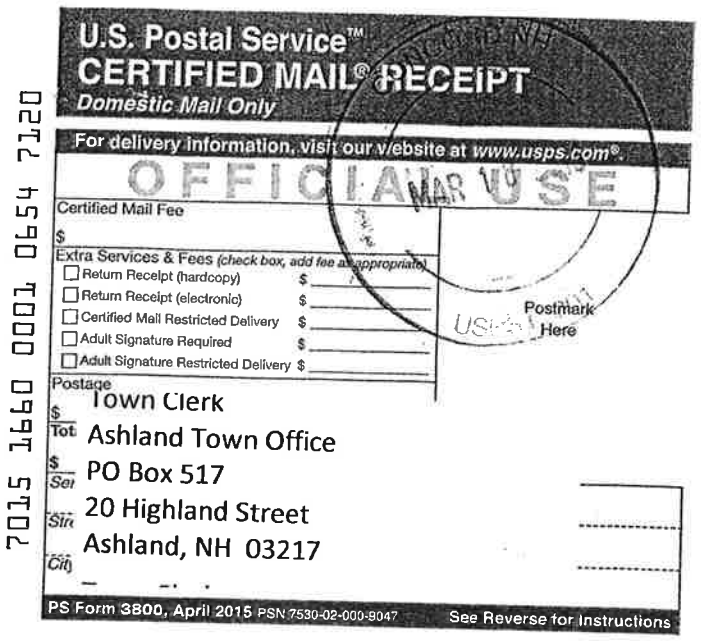
A. Signature
X
☑ Agent
☐ Addressee

B. Received by (Printed Name)
Moorhead
C. Date of Delivery
3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Sen

Stre

City

Postmark Here

Town Clerk
Ashland Town Office
PO Box 517
20 Highland Street
Ashland, NH 03217

7015 1660 0001 0654 7120

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Ashland Town Office
PO Box 517
20 Highland Street
Ashland, NH 03217

Town Clerk

9590 9403 0125 5077 1402 34

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7120

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Pat Tuttle

C. Date of Delivery 3/21/16

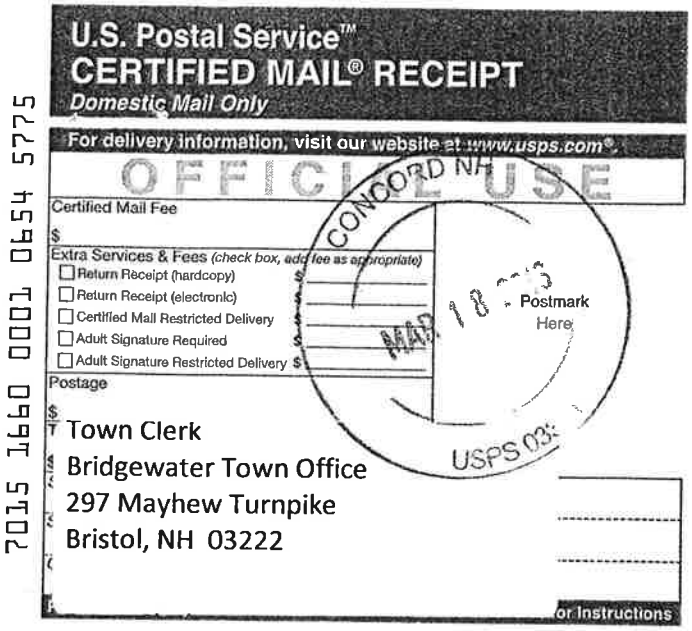
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAR 21 2016 03217-9998

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

testricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

CONCORD NH
MAR 18
Postmark Here
USPS 03

Town Clerk
Bridgewater Town Office
297 Mayhew Turnpike
Bristol, NH 03222

or Instructions

7015 1660 0001 0654 5775

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Bridgewater Town Office
297 Mayhew Turnpike
Bristol, NH 03222

Town Clerk

9590 9403 0125 5077 1401 73

2. Article Number (Transfer from service label)
7015 1660 0001 0654 5775

COMPLETE THIS SECTION ON DELIVERY

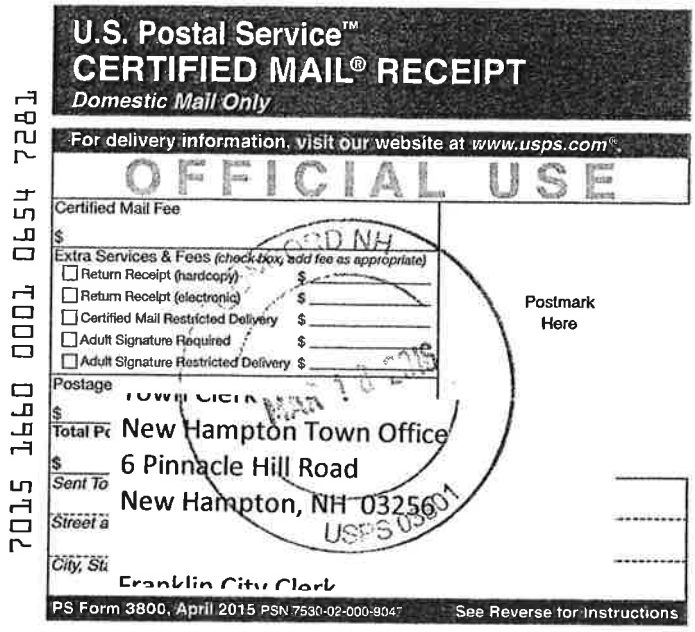
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [R Crocks] C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- Mail Restricted Delivery 00)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt


U.S. Postal Service™
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OFFICIAL USE
Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
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Total Pc
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Sent To
Street a
City, St
Postmark Here
New Hampton Town Office
6 Pinnacle Hill Road
New Hampton, NH 032561
USPS 03301
Franklin City Clerk
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
7015 1660 0001 0654 7281

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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Stre

City,

CONCORD NH
MAR 18 2016
Postmark Here
USPS 03301

7015 1660 0001 0654 7274

Town Clerk
Hill Town Office
PO Box 236
Hill, NH 03243

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Hill Town Office
PO Box 236
Hill, NH 03243

Town Clerk

9590 9403 0125 5077 1404 18

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7274

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Martha F. Kuplin ☐ Agent ☐ Addressee

B. Received by (Printed Name)
MARTHA F. KUPLIN

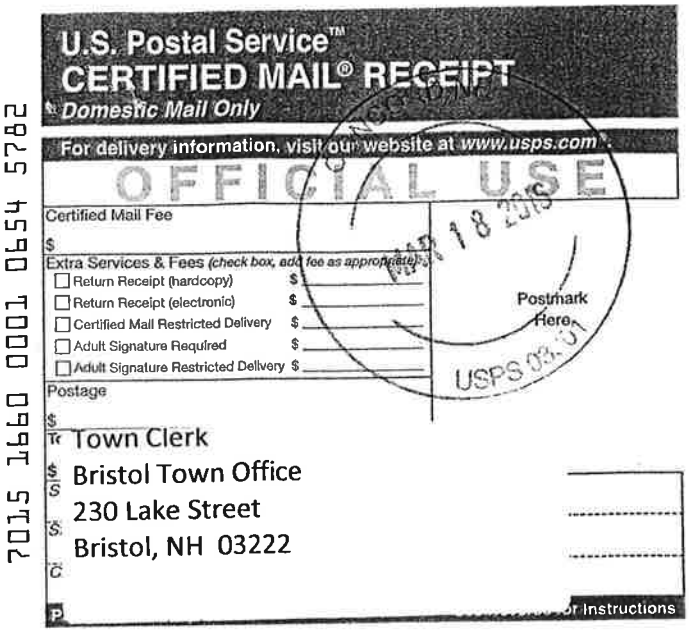
C. Date of Delivery
3-24-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

USPS 03

7015 1660 0001 0654 5782

To Town Clerk
Bristol Town Office
230 Lake Street
Bristol, NH 03222

...r Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Town Clerk
Bristol Town Office
230 Lake Street
Bristol, NH 03222

9590 9403 0125 5077 1401 66

2. Article Number (Transfer from service label)
7015 1660 0001 0654 5782

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Raymah Simpson ☐ Agent ☐ Addressee

B. Received by (Printed Name) Raymah Simpson C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ ...ed Mail
- ☐ ...ail Restricted Delivery ...0)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1660 0001 0654 7335

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Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage
$

Sent To
Franklin City Clerk
316 Central Street
Franklin, NH 03235

Street and Apt.

City, State, Z

Town Clerk

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Franklin City Clerk
316 Central Street
Franklin, NH 03235

9590 9403 0125 5077 1404 70

2. Article Number *(Transfer from service label)*
7015 1660 0001 0654 7335

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible]

C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ ail
- ☐ ail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1660 0001 0654 7298

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MAR 18 2016

Postmark Here

USPS 03301

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Tota
$

Sen Town Clerk
Northfield Town Office
Stre 21 Summer Street
Northfield, NH 03276
City,

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Northfield Town Office
21 Summer Street
Northfield, NH 03276

Town Clerk

9590 9403 0125 5077 1404 32

2. Article Number *(Transfer from service label)*
7015 1660 0001 0654 7298

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cindy L. Caveney ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Cindy Caveney
C. Date of Delivery 03-21-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1660 0001 0654 7311

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Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here
CONCORD NH
MAR 18 2016
USPS

Postage
$

Total
$

Sent
Street
City,

City of Concord
41 Green Street
Concord, NH 03301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

City of Concord
41 Green Street
Concord, NH 03301

9590 9403 0125 5077 1404 56

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7311

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Jaimie L. Frappier
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

:ricted Delivery

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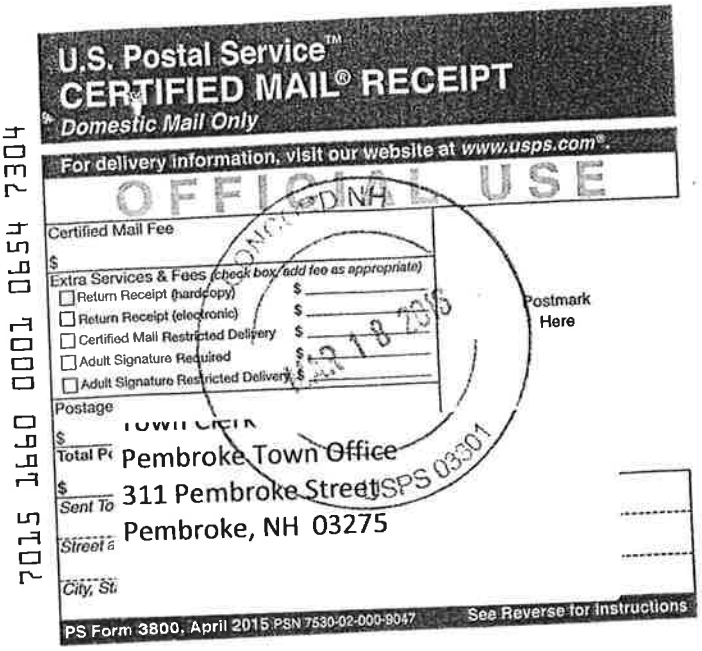


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Pembroke Town Office
311 Pembroke Street
Pembroke, NH 03275

9590 9403 0125 5077 1404 49

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7304

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3/31/16

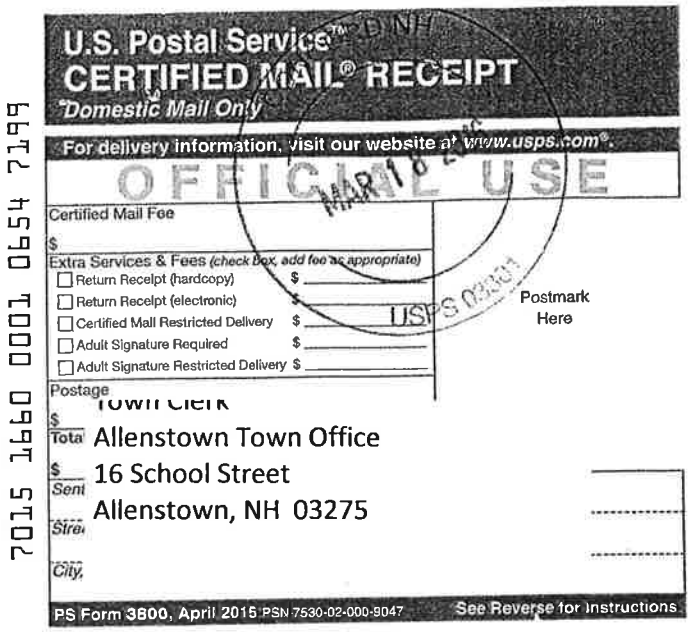
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City,

Postmark Here

Town Clerk
Allenstown Town Office
16 School Street
Allenstown, NH 03275

7015 1660 0001 0654 7199

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Allenstown Town Office
16 School Street
Allenstown, NH 03275

9590 9403 0125 5077 1403 33

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7199

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Town Clerk
Deerfield Town Office
PO Box 159
Deerfield, NH 03037

9590 9403 0125 5077 1401 59

2. Article Number (Transfer from service label)

7015 1660 0001 0654 5799

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name) Kevin Bondy

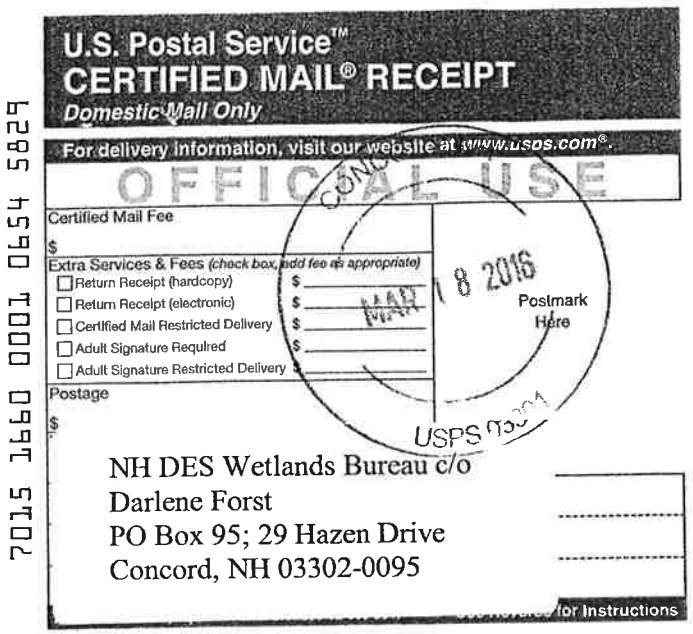
C. Date of Delivery 3/19/16

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

NH DES Wetlands Bureau c/o
Darlene Forst
PO Box 95; 29 Hazen Drive
Concord, NH 03302-0095

9590 9403 0125 5077 1401 28

2. Article Number *(Transfer from service label)*

7015 1660 0001 0654 5829

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

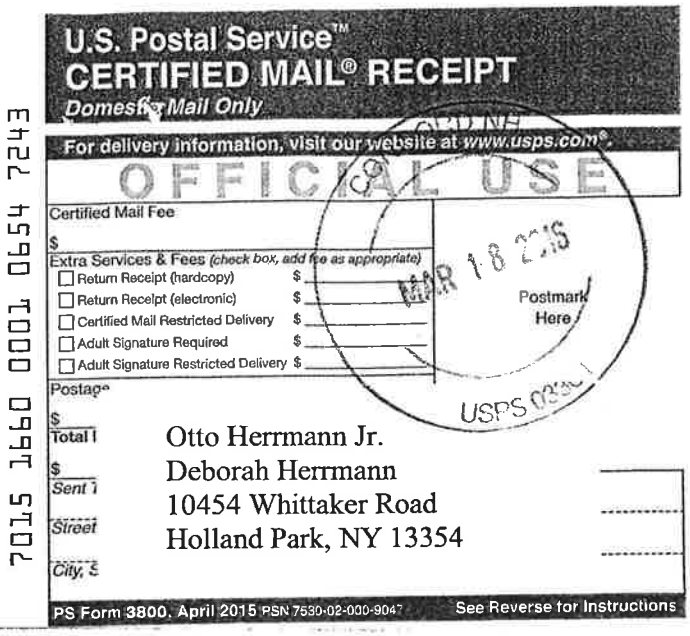
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAR 21 2016

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- Mail Restricted Delivery
- 00)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City, S

Postmark Here

USPS

Otto Herrmann Jr.
Deborah Herrmann
10454 Whittaker Road
Holland Park, NY 13354

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7243

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Otto Herrmann Jr.
Deborah Herrmann
10454 Whittaker Road
Holland Park, NY 13354

9590 9403 0125 5077 1403 88

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7243

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Otto Herrmann Jr. ☐ Agent ☐ Addressee

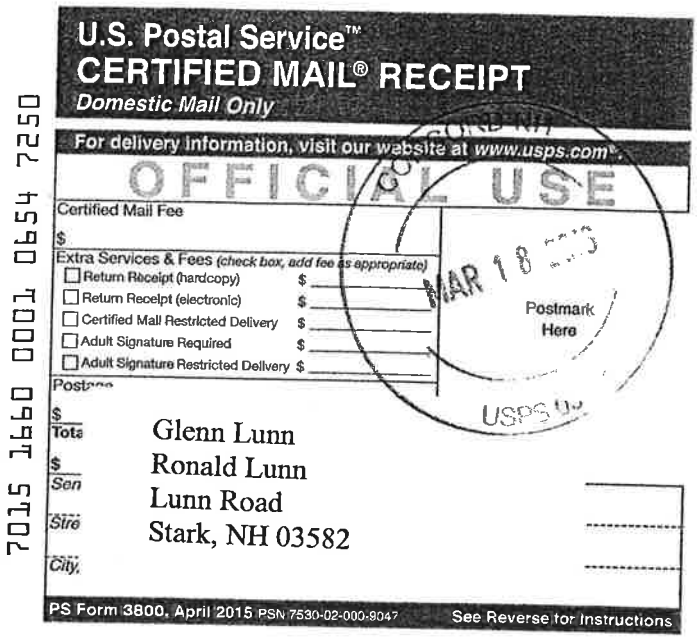
B. Received by (Printed Name) O. Herrmann C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

icted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total
$
Sent
Street
City,

MAR 18

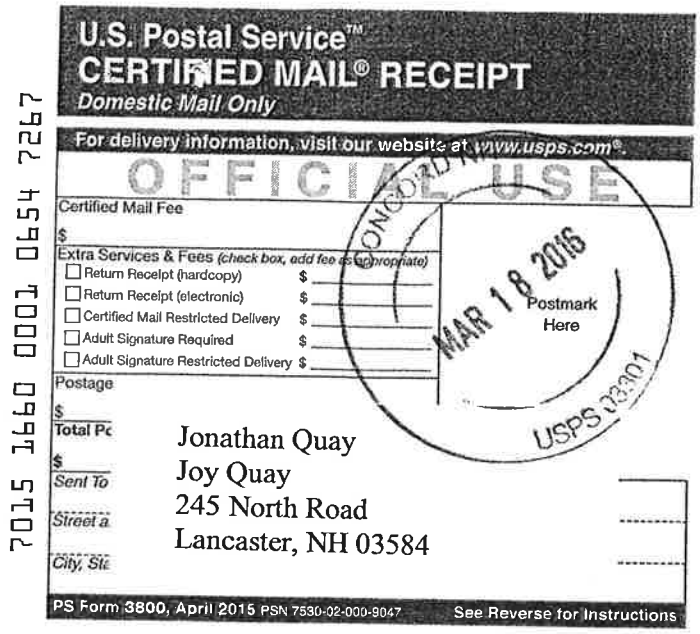
Postmark Here

USPS

Glenn Lunn
Ronald Lunn
Lunn Road
Stark, NH 03582

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7250



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Pc
$

Sent To
Jonathan Quay
Joy Quay

Street a
245 North Road

City, Sta
Lancaster, NH 03584

MAR 18 2016
Postmark Here
USPS 03301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7267

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Jonathan Quay
Joy Quay
245 North Road
Lancaster, NH 03584

9590 9403 0125 5077 1404 01

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7267

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jonathan Quay ☐ Agent ☐ Addressee

B. Received by (Printed Name) JONATHAN QUAY
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 E. Tolman
275 North Road
Lancaster, NH 03584

9590 9403 0125 5077 1401 42

2. Article Number *(Transfer from service label)*
7015 1660 0001 0654 5805

COMPLETE THIS SECTION ON DELIVERY

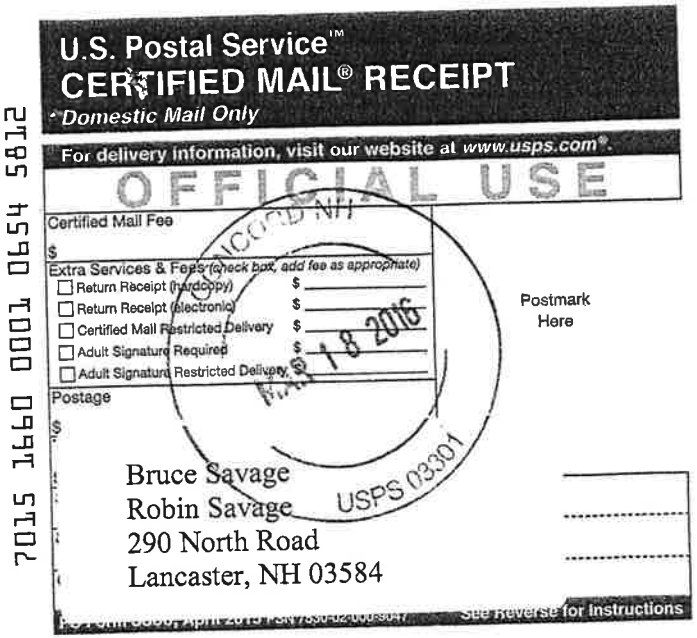
A. Signature
X John E. Tolman ☐ Agent ☒ Addressee

B. Received by *(Printed Name)* John Tolman
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

MAR 18 2016
CONCORD NH
USPS 03301

Postmark Here

Bruce Savage
Robin Savage
290 North Road
Lancaster, NH 03584

7015 1660 0001 0654 5812

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Bruce Savage
Robin Savage
290 North Road
Lancaster, NH 03584

9590 9403 0125 5077 1401 35

2. Article Number (Transfer from service label)
7015 1660 0001 0654 5812

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bruce Savage
☐ Agent
☒ Addressee

B. Received by (Printed Name) Bruce Savage
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1660 0001 0654 5836

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Certified Mail Fee
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Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postmark Here

MAR 18 2016

USPS (630)

Postage
$

Larry D. Rexford
Kathy E. Rexford
183 Colby Street
Whitefield, NH 03598

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Larry D. Rexford
Kathy E. Rexford
183 Colby Street
Whitefield, NH 03598

9590 9403 0125 5077 1401 04

2. Article Number *(Transfer from service label)*
7015 1660 0001 0654 6543

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Beatrice Bern ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
3-19

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ ail
- ☐ ail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1660 0001 0654 7144

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent To

Street

City, St

Postmark Here

MAR 18 2016
USPS 03301

Stephen J. Butler
Kristin L. Butler
10 Pine Grove Avenue
Billerica, MA 01821

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Stephen J. Butler
Kristin L. Butler
10 Pine Grove Avenue
Billerica, MA 01821

9590 9403 0125 5077 1402 96

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7144

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Stephen Butler
C. Date of Delivery

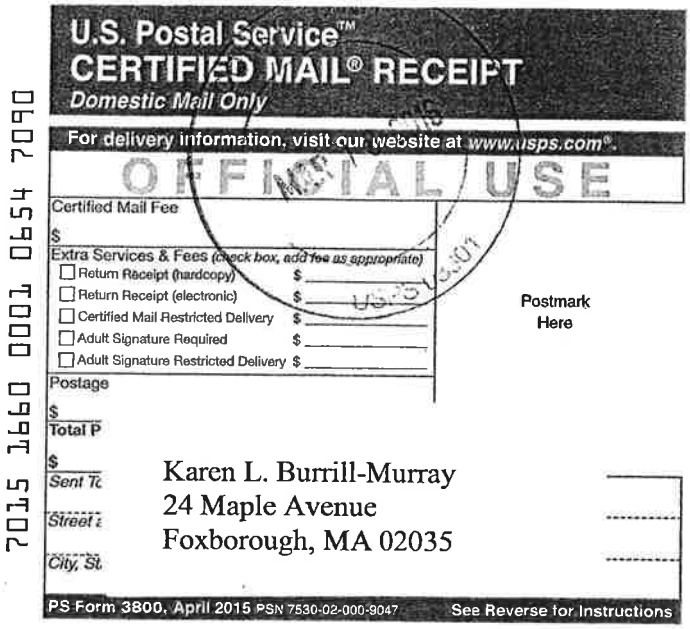
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

BILLERICA POST OFFICE
MAR 23 2016
BILLERICA, MA

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total P
$

Sent To
Karen L. Burrill-Murray

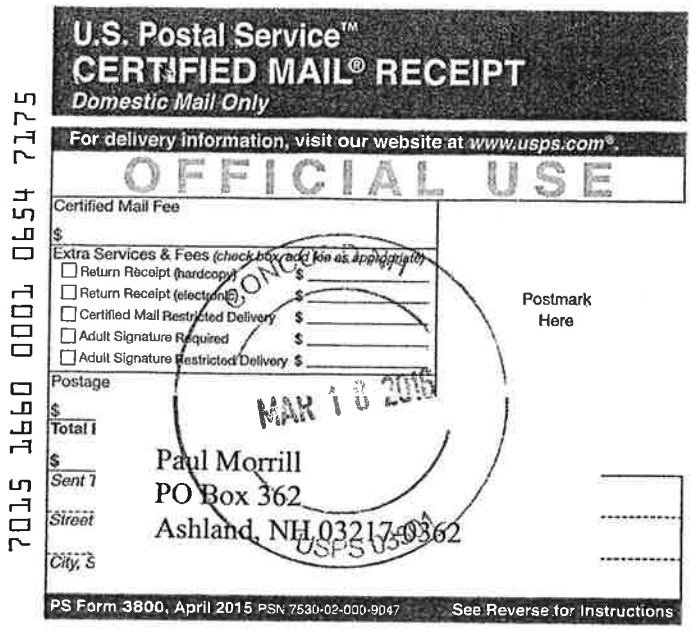
Street a
24 Maple Avenue

City, St
Foxborough, MA 02035

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7090



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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total I
$

Sent T

Street

City, S

Postmark Here

MAR 1 8 2015

Paul Morrill
PO Box 362
Ashland, NH 03217-0362

7015 1660 0001 0654 7175

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Paul Morrill
PO Box 362
Ashland, NH 03217-0362

9590 9403 0125 5077 1403 19

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7175

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) PAIGE MORRILL
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7015 1660 0001 0654 7182

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City,

CONCORD NH
MAR 18 2016
Postmark Here
USPS 03301

Carol Currier
PO Box 34
Ashland, NH 03217

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Carol Currier
PO Box 34
Ashland, NH 03217

9590 9403 0125 5077 1403 26

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7182

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol L. Currier ☐ Agent ☑ Addressee

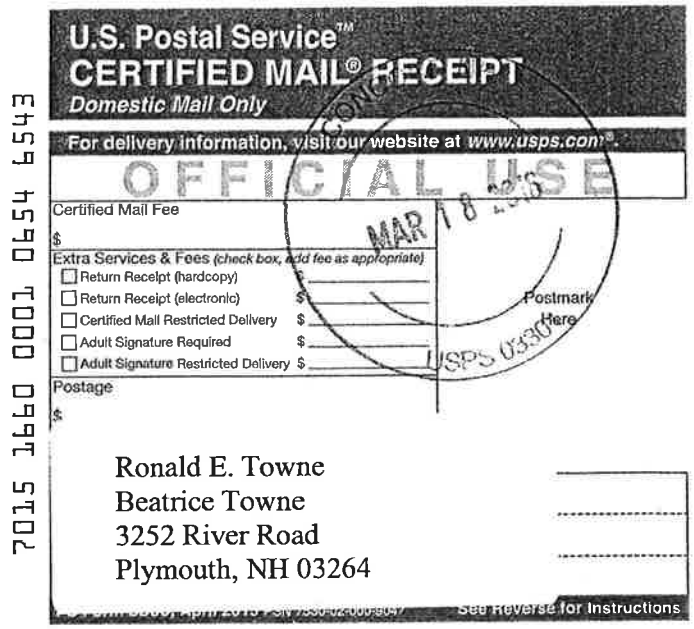
B. Received by (Printed Name) Carol Currier
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

tricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

MAR 18 2016

USPS 03301

Ronald E. Towne
Beatrice Towne
3252 River Road
Plymouth, NH 03264

See Reverse for Instructions

7015 1660 0001 0654 6543

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

CONCORD NH
MAR 18 2019
USPS 03301

7015 1660 0001 0654 6550

Lawrence E. Gilpatric
3451 River Road
Plymouth, NH 03264

or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Lawrence E. Gilpatric
3451 River Road
Plymouth, NH 03264

9590 9403 0125 5077 1400 98

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6550

COMPLETE THIS SECTION ON DELIVERY

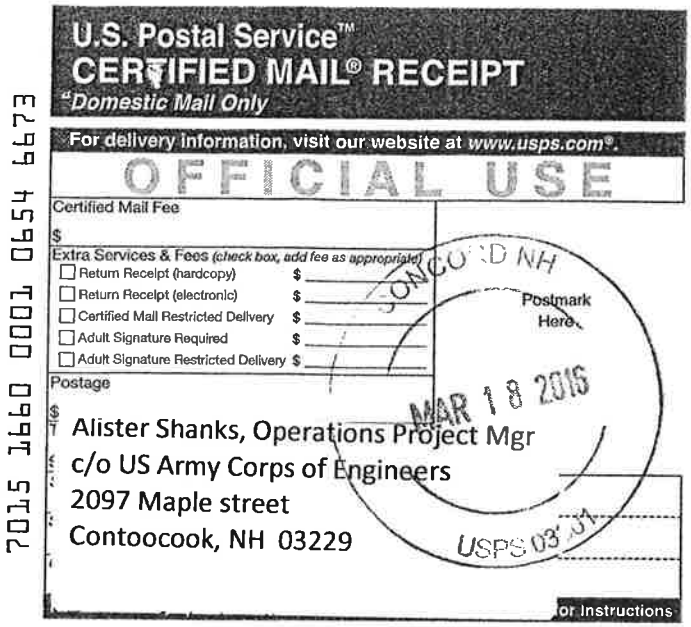
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3-19

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery 00)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

CONCORD NH
Postmark Here
MAR 18 2016
USPS 03 37

Alister Shanks, Operations Project Mgr
c/o US Army Corps of Engineers
2097 Maple street
Contoocook, NH 03229

or Instructions

7015 1660 0001 0654 6673

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Alister Shanks, Operations Project Mgr
c/o US Army Corps of Engineers
2097 Maple street
Contoocook, NH 03229

9590 9403 0125 5077 1274 26

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6673

COMPLETE THIS SECTION ON DELIVERY

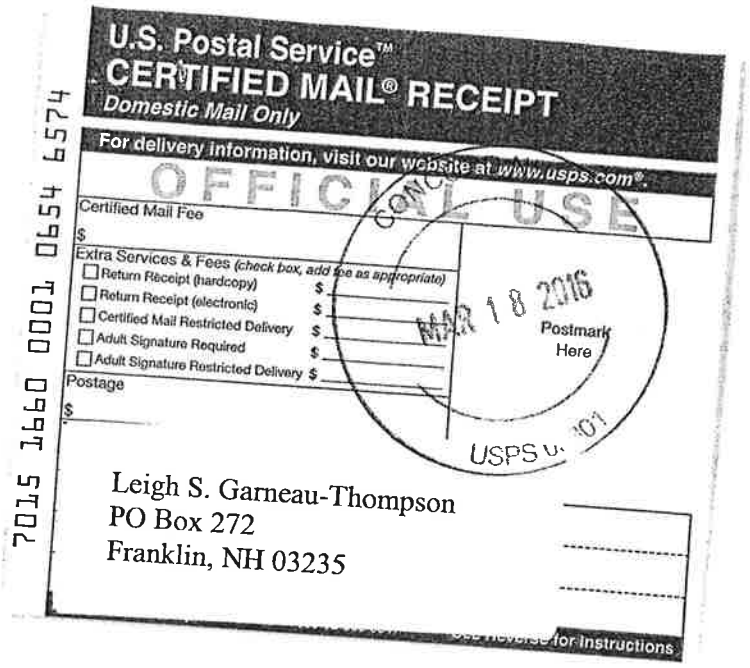
A. Signature
X Kristine Blanchette ☐ Agent ☒ Addressee

B. Received by (Printed Name) KRISTINE BLANCHETTE C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

CONCORD NH 03301
MAR 18 2016
Postmark Here
USPS

7015 1660 0001 0654 6574

Leigh S. Garneau-Thompson
PO Box 272
Franklin, NH 03235

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Leigh S. Garneau-Thompson
PO Box 272
Franklin, NH 03235

9590 9403 0125 5077 1400 74

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6574

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X David M Libenson ☐ Agent ☐ Addressee

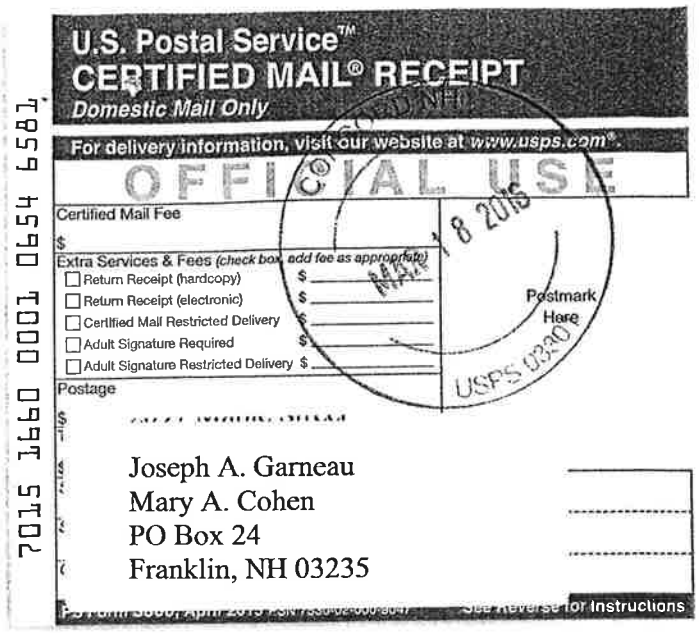
B. Received by (Printed Name) DAVID M LIBENSON C. Date of Delivery 10

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

FRANKLIN NH 03235
2016
USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

MAR 18 2016

Postmark Here

USPS 0320

7015 1660 0001 0654 6581

Joseph A. Garneau
Mary A. Cohen
PO Box 24
Franklin, NH 03235

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Joseph A. Garneau
Mary A. Cohen
PO Box 24
Franklin, NH 03235

9590 9403 0125 5077 1400 67

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6581

COMPLETE THIS SECTION ON DELIVERY

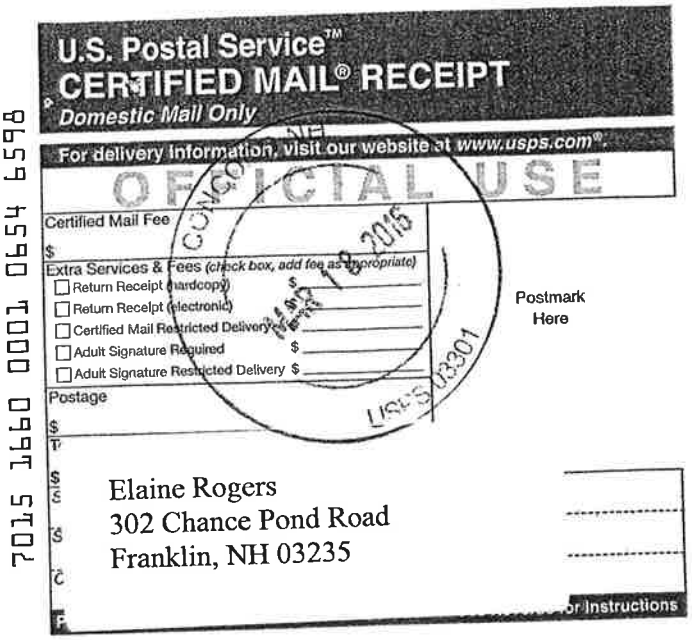
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) J.A. GARNEAU
C. Date of Delivery 3/19/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

CONCORD NH MAR 18 2015 USPS 03301

7015 1660 0001 0654 6598

Elaine Rogers
302 Chance Pond Road
Franklin, NH 03235

or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Elaine Rogers
302 Chance Pond Road
Franklin, NH 03235

9590 9403 0125 5077 1400 50

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6598

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elaine Rogers C. Date of Delivery 3-19

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ail Restricted Delivery
0)

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

CONCORD NH
MAR 18 2016
USPS 03301

Postmark Here

Judith A. Davis Trustee
Davis 2007 Revocable Trust
196 Lake Shore Drive
Franklin, NH 03235

or Instructions

7015 1660 0001 0654 6604

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Judith A. Davis Trustee
Davis 2007 Revocable Trust
196 Lake Shore Drive
Franklin, NH 03235

9590 9403 0125 5077 1400 43

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
3/21/16

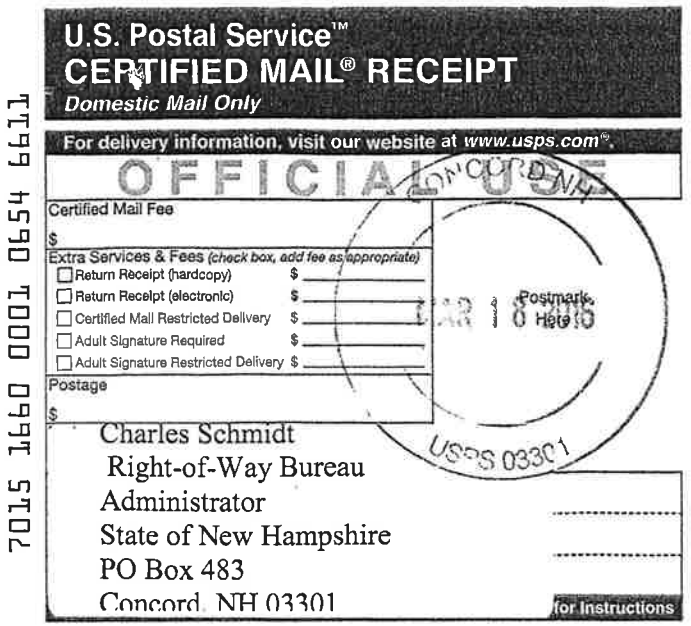
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery
0)

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt



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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

MAR 10 2015

USPS 03301

Charles Schmidt
Right-of-Way Bureau
Administrator
State of New Hampshire
PO Box 483
Concord, NH 03301

for Instructions

7015 1660 0001 0654 6611

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Charles Schmidt
Right-of-Way Bureau
Administrator
State of New Hampshire
PO Box 483
Concord, NH 03301

9590 9403 0125 5077 1400 36

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6611

COMPLETE THIS SECTION ON DELIVERY

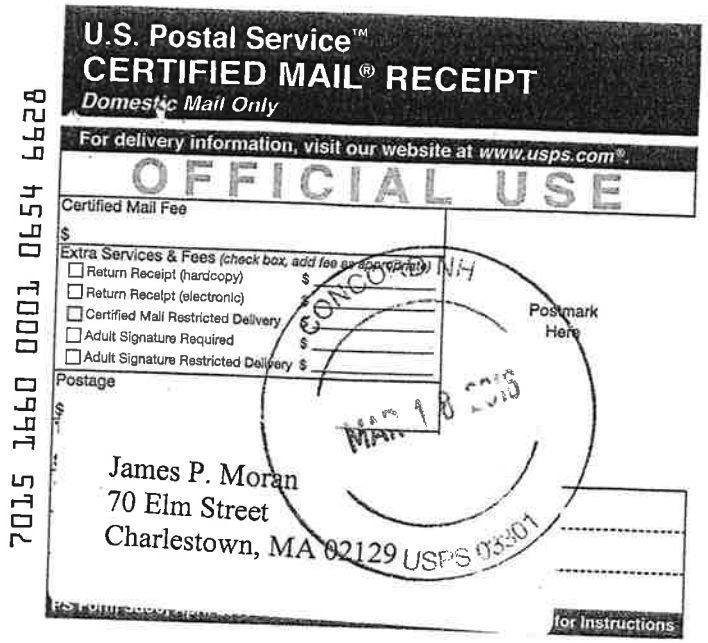
A. Signature
X Michelle Troian ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
M. Troian

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

James P. Moran
70 Elm Street
Charlestown, MA 02129

9590 9403 0125 5077 1400 29

2. Article Number *(Transfer from service label)*

7015 1660 0001 0654 6628

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

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

USPS

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ [illegible]lail
- [illegible]lail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

USPS 03301

Kevin Perron
86 Oak Hill Road
Concord, NH 03301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7076

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Kevin Perron
86 Oak Hill Road
Concord, NH 03301

9590 9403 0125 5077 1402 27

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7076

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☒ Addressee

B. Received by (Printed Name) Kevin Perron CONCORD NH
C. Date of Delivery 3/25/16

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

MAR 25 2016

USPS 03301

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Rece

7015 1660 0001 0654 7083

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To

Street a

City, Sta

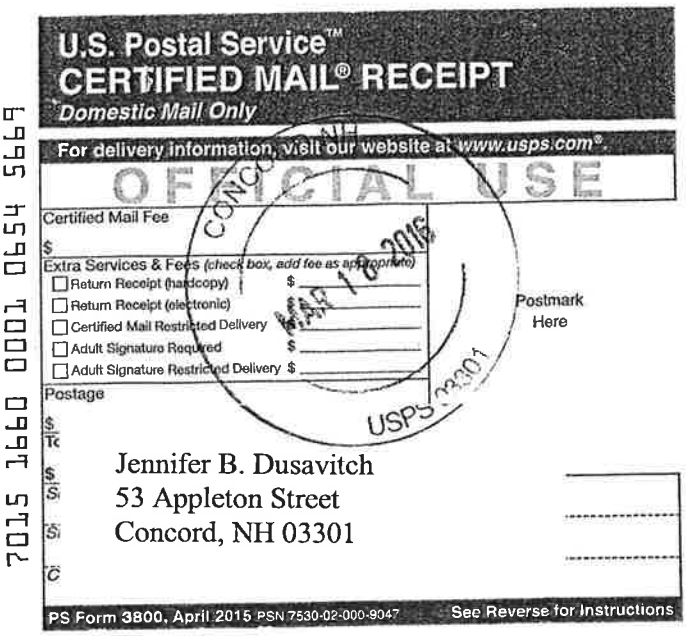
Postmark Here

MAY 18 2015

USPS 033C1

Jeffrey Schneider
Christine Schneider
33 Jennifer Drive
Concord, NH 03301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

CONCORD NH MAR 18 2016 USPS 03301

7015 1660 0001 0654 5669

Jennifer B. Dusavitch
53 Appleton Street
Concord, NH 03301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

---

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Jennifer B. Dusavitch
53 Appleton Street
Concord, NH 03301

9590 9403 0125 5077 1274 02

2. Article Number (Transfer from service label)
7015 1660 0001 0654 5669

COMPLETE THIS SECTION ON DELIVERY

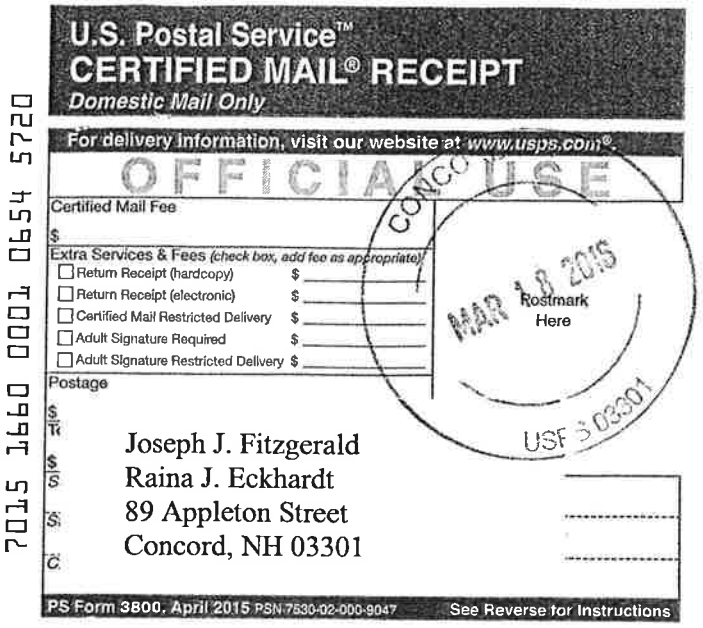
A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ ail
- ☐ ail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
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CONCORD NH
MAR 18 2015
Postmark Here
USPS 03301

7015 1660 0001 0654 5720

Joseph J. Fitzgerald
Raina J. Eckhardt
89 Appleton Street
Concord, NH 03301

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Joseph J. Fitzgerald
Raina J. Eckhardt
89 Appleton Street
Concord, NH 03301

9590 9403 0125 5077 1274 19

2. Article Number (Transfer from service label)
7015 1660 0001 0654 5720

COMPLETE THIS SECTION ON DELIVERY

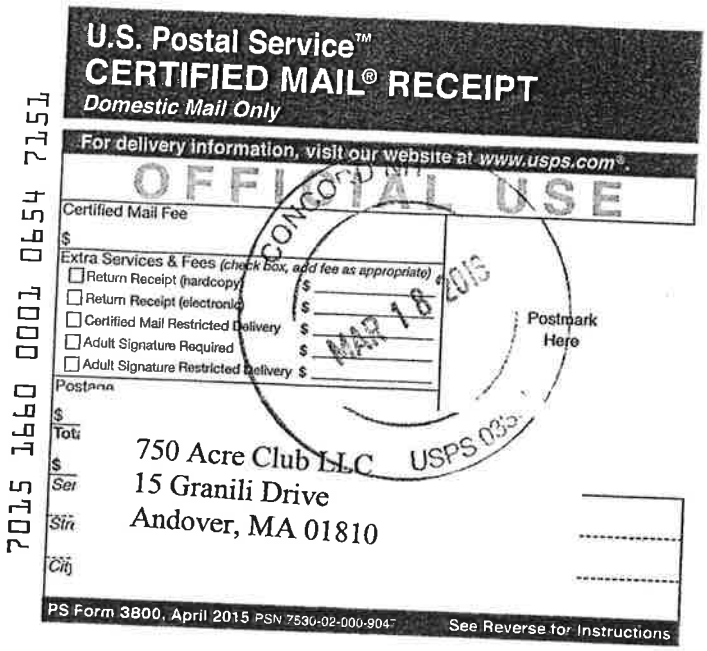
A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) JOSEPH F. FITZGERALD
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

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CONCORD NH MAY 18 2015 USPS 033

Postmark Here

750 Acre Club LLC
15 Granili Drive
Andover, MA 01810

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7151

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Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) $
- Return Receipt (electronic) $
- Certified Mail Restricted Delivery $
- Adult Signature Required $
- Adult Signature Restricted Delivery $

Postage
$

Total Po
$

Sent To Renewable Properties, Inc.

Street an 780 N. Commercial Street

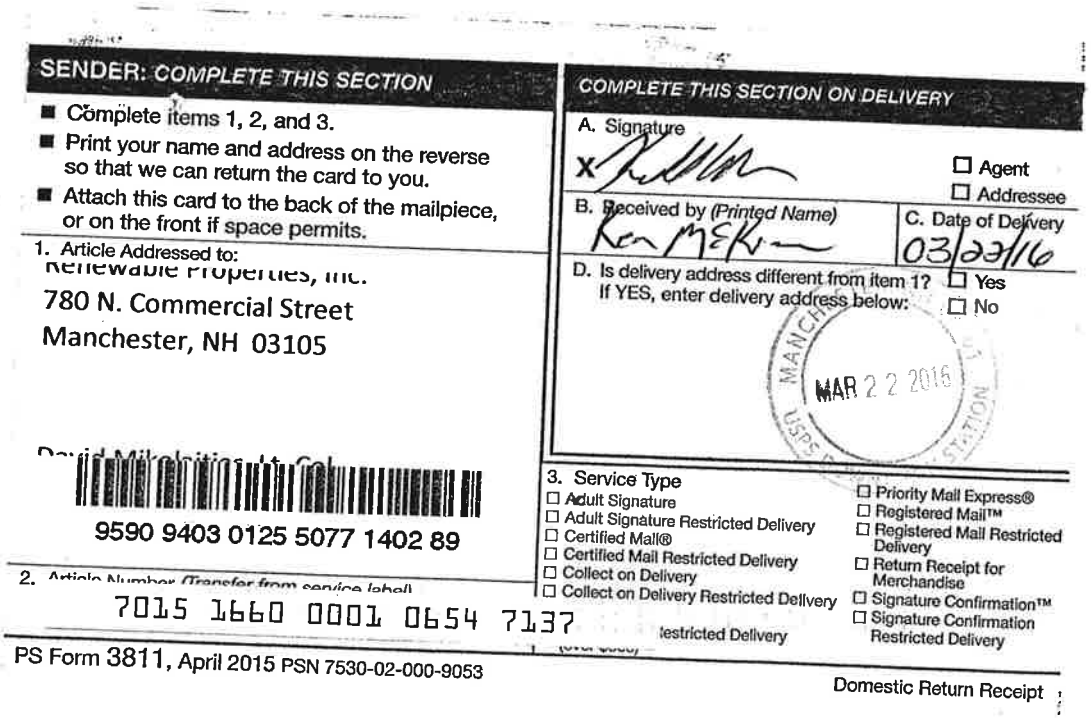
City, Stat Manchester, NH 03105

David Mikolaitis, Lt. Col

Postmark Here

7015 1660 0001 0654 7137

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Renewable Properties, Inc.
780 N. Commercial Street
Manchester, NH 03105

David Mikolaitis, Lt. Col

9590 9403 0125 5077 1402 89

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7137

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Ken McKeon

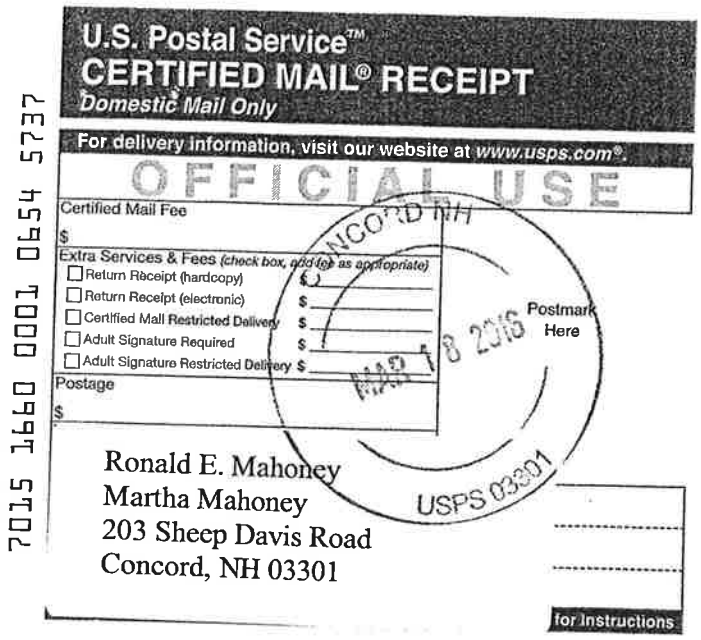
C. Date of Delivery
03/22/16

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

MANCHESTER NH USPS STATION
MAR 22 2016

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ronald E. Mahoney
Martha Mahoney
203 Sheep Davis Road
Concord, NH 03301

9590 9403 0125 5077 1402 10

2. Article Number *(Transfer from service label)*

7015 1660 0001 0654 5737

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Eileen L. Hall ☐ Agent ☒ Addressee

B. Received by *(Printed Name)*

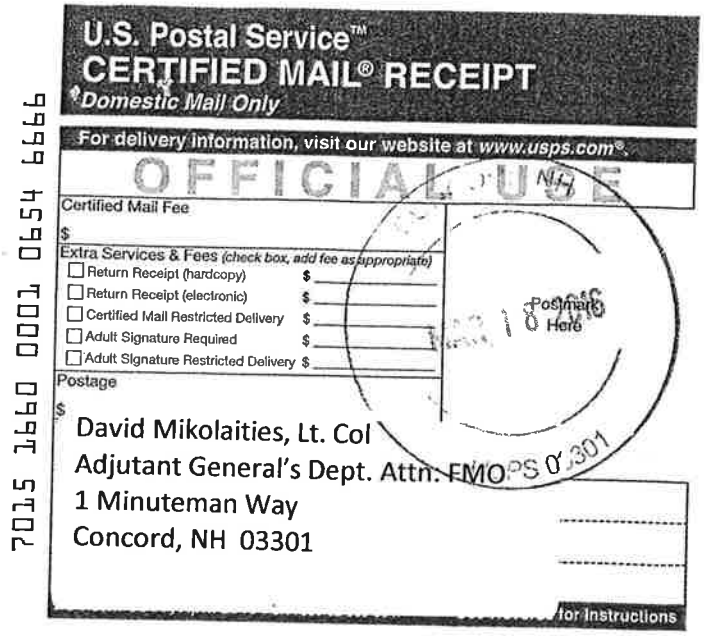
C. Date of Delivery 3-19-16

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
David Mikolaities, Lt. Col
Adjutant General's Dept. Attn: FMO
1 Minuteman Way
Concord, NH 03301

9590 9403 0125 5077 1274 33

2. Article Number *(Transfer from service label)*
7015 1660 0001 0654 6666

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

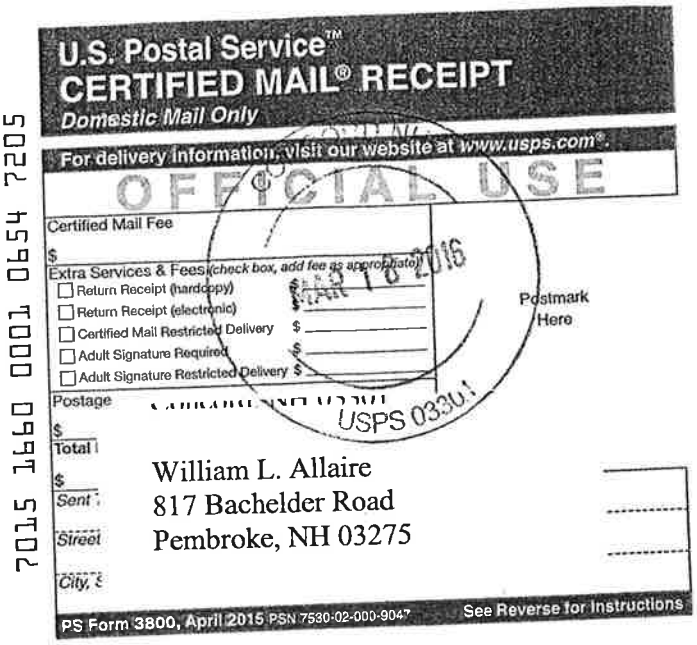
B. Received by *(Printed Name)*
G. Butcher

C. Date of Delivery
21 MAR 16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent
Street
City, S

MAR 18 2016
USPS 0330

Postmark Here

William L. Allaire
817 Bachelder Road
Pembroke, NH 03275

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7205

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

William L. Allaire
817 Bachelder Road
Pembroke, NH 03275

9590 9403 0125 5077 1403 40

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William L Allaire ☐ Agent ☑ Addressee

B. Received by (Printed Name)
William L. Allaire

C. Date of Delivery
21 Mar 16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

estricted Delivery

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

MAR 8 2019

Postmark Here

USPS 03

Postage
$

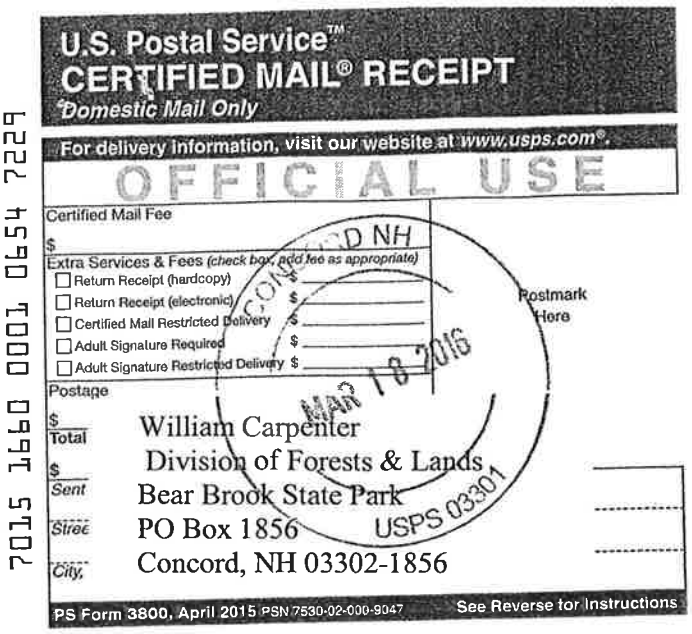
Tota
$

Sent
Stre
City,

Ronald J. Evans
829 Bachelder Road
Pembroke, NH 03275

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7212



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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent

Street

City,

CONCORD NH
MAR 18 2016
USPS 03301

Postmark Here

William Carpenter
Division of Forests & Lands
Bear Brook State Park
PO Box 1856
Concord, NH 03302-1856

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7229

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

William Carpenter
Division of Forests & Lands
Bear Brook State Park
PO Box 1856
Concord, NH 03302-1856

9590 9403 0125 5077 1403 64

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7229

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X E Szepan
☐ Agent
☐ Addressee

B. Received by (Printed Name) E Szepan
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

lcted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Postmark Here

7015 1660 0001 0654 5768

David A. Dias
417 South Main Street, Apt. 106
Memphis, TN 38103

or Instructions

7015 1660 0001 0654 7328

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Sent To
Attorney General Joseph Foster
Department of Justice
33 Capitol Street
Concord, NH 03301

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Alister Shanks, Operations Project Mgr.

CONCORD NH MAR 18 2016 USPS 03301

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Attorney General Joseph Foster
Department of Justice
33 Capitol Street
Concord, NH 03301

9590 9403 0125 5077 1404 63

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7328

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

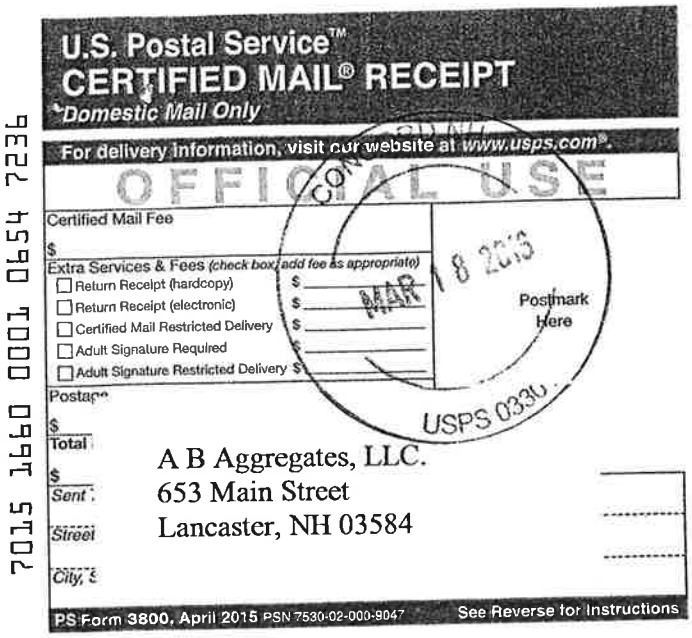
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAR 21 2016

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total
$

Sent To
A B Aggregates, LLC.
653 Main Street
Lancaster, NH 03584

Street

City, S

MAR 18 2016

Postmark Here

USPS 0330

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 1660 0001 0654 7236

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

A B Aggregates, LLC.
653 Main Street
Lancaster, NH 03584

9590 9403 0125 5077 1403 71

2. Article Number (Transfer from service label)
7015 1660 0001 0654 7236

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature]
C. Date of Delivery 3/21/16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

stricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Christopher Allwarden, Esq.
PSNH
PO Box 330
Manchester, NH 03104-1134

9590 9403 0125 5077 1273 65

2. Article Number *(Transfer from service label)*
7015 1660 0001 0654 7403

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*
Ken McElroy

C. Date of Delivery
03/21/16

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

MANCHESTER NH 03101
MAR 21 2016
USPS DOMESTIC MAIL STATION

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ ail
ail Restricted Delivery
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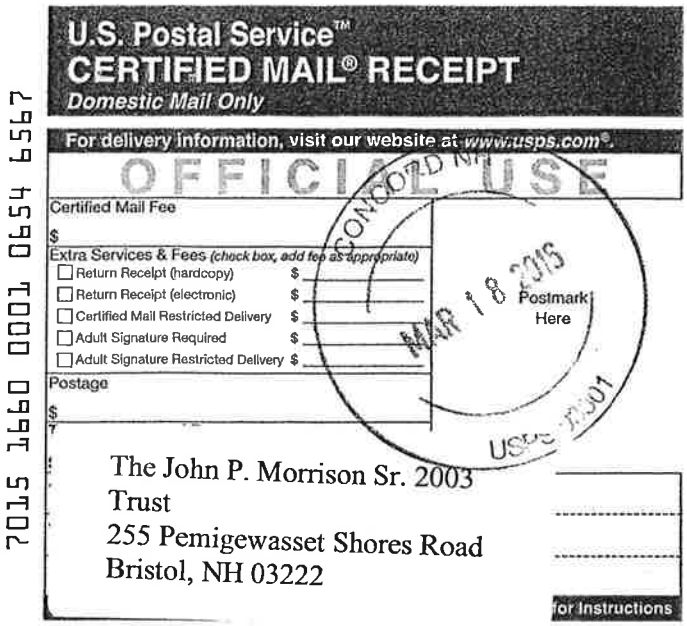
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

CONCORD NH
MAR 18 2015
Postmark Here
USPS 03301

7015 1660 0001 0654 6567

The John P. Morrison Sr. 2003
Trust
255 Pemigewasset Shores Road
Bristol, NH 03222

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

The John P. Morrison Sr. 2003
Trust
255 Pemigewasset Shores Road
Bristol, NH 03222

9590 9403 0125 5077 1400 81

2. Article Number (Transfer from service label)
7015 1660 0001 0654 6567

COMPLETE THIS SECTION ON DELIVERY

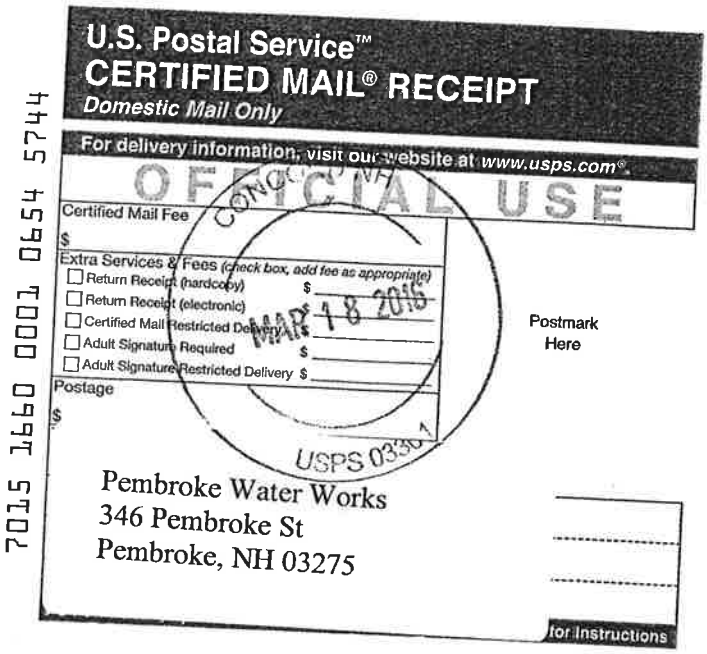
A. Signature
X John Morrison ☐ Agent ☐ Addressee

B. Received by (Printed Name) John Morrison C. Date of Delivery 3/19

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ tail
- ☐ tail Restricted Delivery
- ☐ 0)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

CONCORD NH
MAR 18 2016
USPS 0336

Postmark Here

Pembroke Water Works
346 Pembroke St
Pembroke, NH 03275

for Instructions

7015 1660 0001 0654 5744

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

CONCORD NH
MAR 18 2016
Postmark Here
USPS 03301

7015 1660 0001 0654 5751

JCR Construction Co.
181 Route 27
Raymond, NH 03077

for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

JCR Construction Co.
181 Route 27
Raymond, NH 03077

9590 9403 0125 5077 1401 97

2. Article Number (Transfer from service label)
7015 1660 0001 0654 5751

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Mercier
☐ Agent
☐ Addressee

B. Received by (Printed Name) Barbara Mercier
C. Date of Delivery 3/21/16

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

RAYMOND NH
MAR 21 2016
USPS 03077

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ d Mail
- ☐ d Mail Restricted Delivery $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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