



THOMAS B. GETZ
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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

HPUC MAR29'16 PM 4:28

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

Re: Docket DE 15-461: Northern Pass Transmission, LLC – Petition to Cross State Lands

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,

A handwritten signature in blue ink that reads "Thomas B. Getz". The signature is stylized, with the first letters of the first and last names being large and prominent.

Thomas B. Getz

TBG:slb
Enclosure

cc: Service List

**THE STATE OF NEW HAMPSHIRE
PUBLIC UTILITIES COMMISSION**

DE 15-461

NORTHERN PASS TRANSMISSION LLC

Petition to Cross State Lands

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 fourteen locations over and across lands owned by the State of New Hampshire. The crossings are to be located in Stark, Northumberland, Lancaster, Dalton, Bethlehem, New Hampton, Hill, Franklin, Canterbury, Pembroke and Allenstown, New Hampshire.
3. By Order dated March 10, 2016, NPT was directed to notify 1) the New Hampshire Attorney General and 2) each town where the crossings will be constructed 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
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.

Stacey L. Burgess
Notary Public/Justice of the Peace
My Commission Expires: _____



EXHIBIT A
(DE 15-461)

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

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

Franklin City Clerk
316 Central Street
Franklin, NH 03235

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

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

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

Town Clerk
Canterbury Town Office
PO Box 500
Canterbury, NH 03224

Town Clerk
Northumberland Town Office
10 Station Square
Northumberland, NH 03224

7015 1660 0001 0654 7342

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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 Town of Stark
\$ 1189 Stark Highway
Sent To Stark, NH 03582
Street
City, St.
Town Clerk

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	A. Signature X <u>Sue Croteau</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Town Clerk Town of Stark 1189 Stark Highway Stark, NH 03582	B. Received by (Printed Name) <u>SUE CROTEAU</u> C. Date of Delivery <u>5/23/16</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
2. Article Number (Transfer from service label) <u>7015 1660 0001 0654 7342</u>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery

9590 9403 0125 5077 1274 64

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Certified Mail Fee

\$

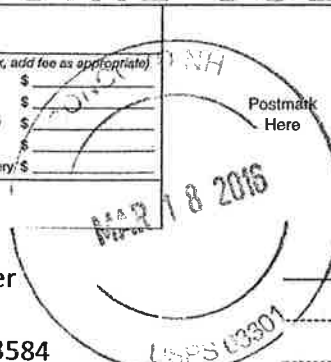
Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

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



Postmark
 Here

For Instructions

7015 1660 0001 0654 6642

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

Town Clerk



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

Michael W. Nadeau

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

MICHAEL W. NADEAU

C. Date of Delivery

3/21

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

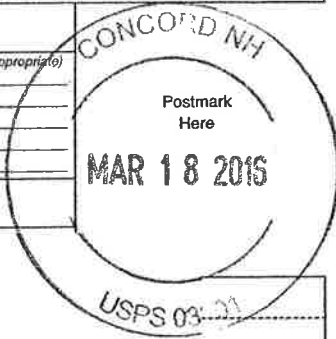
3. Service Type

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

(All Restricted Delivery
 0)

Domestic Return Receipt

5599 4590 7000 0997 STN.

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	<div style="text-align: center;">  </div>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Town Clerk Town of Dalton 756 Dalton Road Dalton, NH 03598	
Town Clerk	
or Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Town Clerk Town of Dalton 756 Dalton Road Dalton, NH 03598		B. Received by (Printed Name) L.H. JORDAN	C. Date of Delivery 3/21/16
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7015 1660 0001 0654 6635		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	



9590 9403 0125 5077 1275 01

7015 1660 0001 0654 6659

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) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Town Clerk Bethlehem Town Office PO Box 189 Bethlehem, NH 03574	
Town Clerk	
for Instructions	

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>Nicole McGrath</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Nicole McGrath</i> C. Date of Delivery <i>3/21/16</i> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>PO Box 185</i> <i>Bethlehem, NH 03574</i> 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> 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 7281

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | | |
|--|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ | |

Postmark
Here

Postage

\$

Total Pk New Hampton Town Office

\$ Sent To 6 Pinnacle Hill Road

Street a New Hampton, NH 03256

City, St

Franklin City, Clerk

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 1660 0001 0654 7274

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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 \$

Sent \$

Sire \$

City

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

Postmark Here
 MAR 18 2015
 USPS 03301

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Town Clerk Hill Town Office PO Box 236 Hill, NH 03243</p> <p>Town Clerk</p> <p>9590 9403 0125 5077 1404 18</p>	<p>A. Signature X Martha F. Kupin <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MARTHA F. KUPIN</p> <p>C. Date of Delivery 3-24-16</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7015 1660 0001 0654 7274</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

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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
 Street and Apt
 City, State, Z
 Town Clerk
 316 Central Street
 Franklin, NH 03235
 USPS 03235

Postmark
 Here

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:
 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 *L. Paguin* ☐ Agent
☐ Addressee
 B. Received by (Printed Name) *Paguin*
 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
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

7304 0654 0001 1660 1570

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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 Pk
\$

Sent To
311 Pembroke Street
Pembroke, NH 03275

City, St

Postmark Here

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>L. Willard</i> C. Date of Delivery <i>5/21/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: Town Clerk Pembroke Town Office 311 Pembroke Street Pembroke, NH 03275</p>			
<p>2. Article Number (Transfer from service label) 7304 0654 0001 1660 1570</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Restricted Delivery</p>	



9590 9403 0125 5077 1404 49


7015 1660 0001 0654 7199

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CERTIFIED MAIL [®] RECEIPT	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total	\$
Town Clerk	
Allenstown Town Office	
16 School Street	
Allenstown, NH 03275	
City	
PS Form 3800, April 2015 PSN 7530-02-000-9047	
See Reverse for Instructions.	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	A. Signature <input checked="" type="checkbox"/> <i>P. Casper</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Town Clerk Allenstown Town Office 16 School Street Allenstown, NH 03275	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7015 1660 0001 0654 7199	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail [®] <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express [®] <input type="checkbox"/> Registered Mail [™] <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation [™] <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	
Domestic Return Receipt	

7015 1660 0001 0654 7328

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$
Postage \$	Postmark Here
To: Attorney General Joseph Foster Department of Justice 33 Capitol Street Concord, NH 03301	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to: Attorney General Joseph Foster Department of Justice 33 Capitol Street Concord, NH 03301</p> <div style="text-align: center;">  9590 9403 0125 5077 1404 63 </div> <p>2. Article Number (Transfer from service label) 7015 1660 0001 0654 7328</p>	COMPLETE THIS SECTION ON DELIVERY <p>A. Signature X <i>Heey Goin</i> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery MAR 21 2016</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
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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

\$

Total Post

\$

Sent To

Street and

City, State

Town Clerk

Canterbury Town Office

PO Box 500

Canterbury, NH 03224

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
Canterbury Town Office
PO Box 500
Canterbury, NH 03224



9590 9403 0125 5077 1402 41

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7113

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

LISA CARLSON

C. Date of Delivery

3/18/16

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

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

Northumberland Town Office

10 Station Square

Northumberland, NH 03224

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
Northumberland Town Office
10 Station Square
Northumberland, NH 03224



9590 9403 0125 5077 1402 58

2. Article Number (Transfer from service label)

7015 1660 0001 0654 7106

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Rebecca L. CRAGG

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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Domestic Return Receipt