

7005 1160 0004 7467 0862

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To	<i>Breed Properties II</i>
Street, Apt. No., or PO Box No.	<i>240 Manchester St.</i>
City, State, ZIP+4	<i>Seabrook NH 03776-2617</i>

Certified Mail Provides:

PS Form 3800, June 2002 (Reverse)

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may **ONLY** be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Breed Properties II
240 Manchester St
Seabrook NH

03776-2617

2. Article Number

(Transfer from service label)

7005 1160 0004 7467 0862

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

FEB 21 2006

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

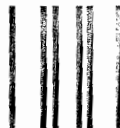
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

7005 1160 0004 7467 0817

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

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

City, State, ZIP+4

Mashier Realty LLC
21 Hawk Ridge Rd.
Meredith NH 03253-5626

Certified Mail Provides:

PS Form 3800, June 2002 (Reverse)

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Mashir Realty LLC
~~21 Hawkesbridge Rd.~~
~~Merrill NH~~
~~03253-5620~~

2. Article Number
(Transfer from service label)

7005 1160 0004 7467 0817

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☒ Addressee

B. Received by (Printed Name)

JAY PATEL

C. Date of Delivery

2-17-06

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

48 Coventry Rd
Concord NH 03301

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

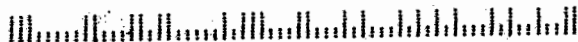


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

B201



7005 1160 0004 7467 0756

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

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

City, State ZIP+4

Donald Minal - DeM Corp
216 Union Avenue
SACONIA NH 03246-3103

Certified Mail Provides:

PS Form 3800, June 2002 (Reverse)

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addressed to APOs and FPOs.

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donald Minar
DRM Corp
216 Union Avenue
Laconia NH
03246-3103

2. Article Number
(Transfer from service label)

7005 1160 0004 7467 0756

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

ALLAN FORD

C. Date of Delivery

8/17/06

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

8201



7005 1160 0004 7467 0831

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To	<i>MMSTV Properties - 4611 W. 11th St.</i>
Street, Apt. No., or PO Box No.	<i>8800 Adams Drive</i>
City, State, Zip+4	<i>Tampa FL 33619-3526</i>

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TEBO 2942 4000 0977 5002

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MMSTV Properties
% Verizon Postpaid Mkt.
Sociedad Anonima
ML CD FLGI-300
Tampa, FL 33619-3506

2. Article Number

(Transfer from service label)

7005-1160-0004-7467-0831

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gus Santiago

☒ Agent

☐ Addressee

B. Received by (Printed Name)

GUS SANTIAGO

C. Date of Delivery

02/10/06

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

TAMPA, FL 336

10 FEB 2006 PM 4 T

STRAWBERY

FEB 10 2006

MARCH 2

MARCH 12

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095



7005 1160 0004 7467 0855

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To
Michael & Rebecca Daley
Street, Apt. No.,
or PO Box No. *29 Plummer Hill Rd*
City, State, ZIP+4
Belmont NH 03220-3233

Certified Mail Provides:

PS Form 3800, June 2002 (Reverse)

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael J. & Rebecca
Casey
29 Plummer Hill Pl.
Belmont, MA
03220-3233

2. Article Number

(Transfer from service label)

700

7005 1160 0004 7467 0855

153

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Michael J. Casey*☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-8-06

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

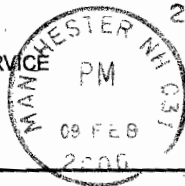
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

8201



7005 1160 0004 7467 0824

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

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

City, State, ZIP+4

Crescher Construction
11 Corporate Drive
Belmont NH 03220-3103

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1. Article Addressed to:

Opus Construction
11 Corporate Center
Belmont NH
03220-3103

2. Article Number
(Transfer from service label)

7005 1160 0004 7467 0824

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Bruce Brown

C. Date of Delivery

2/8/06

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

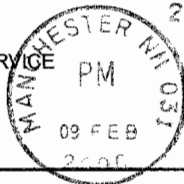
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

8201



7005 1160 0911 5002 4000 7467 0848

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To	
Nem Inc.	
Street, Apt. No., or PO Box No.	
P.O. Box 305	
City, State, ZIP+4	
Belmont NH 03220-0305	

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1. Article Addressed to:

NEM Inc.
P.O. Box 305
Belmont MA
03220-0305

2. Article Number

(Transfer from service label)

7005-1160 0004 7467 0848

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/9/06

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

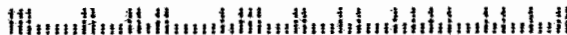


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

8201



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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To *Gregory & Helen*
Street, Apt. No.,
or PO Box No. *23 Plummer Hill Rd.*
City, State, ZIP+4 *Belmont NH 03220-3233*

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1. Article Addressed to:

*Gregory R. Heller
Harrison
23 Plummer Hill Rd.
Belmont, N.H.
03220-3233*

2. Article Number

(Transfer from service label)

7005 1160 0004 7467 0800

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Helen L. Harrison

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/9/06

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

8201



7005 1160 0004 7467 0763

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

Larry Baisant BHO
P.O. Box 310
Belmont MA 03220-0310

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

PS Form 3800, June 2002 (Reverse)

Important Reminders:

- Certified Mail may **ONLY** be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gary Bassett
Belmont Health Office
P.O. Box 310
Belmont NH
03220-0310

2. Article Number
(Transfer from service label)

7005-1160-0004-7467-0763

COMPLETE THIS SECTION ON DELIVERY

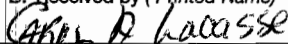
A. Signature

X

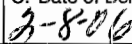


☒ Agent
☐ Addressee

B. Received by (Printed Name)



C. Date of Delivery


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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

8201



7005 1160 0004 7467 0770

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To *Wade Crowshaw Co. Carter*
Street, Apt. No.;
or PO Box No. *P.O. Box 7394*
City, State, ZIP+4® *Lebanon NH 03247-7394*

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wade Crawshaw
C.C. Water Service
P.O. Box 7394
Greene NH
03247-7394

2. Article Number

(Transfer from service label)

7005-1160-0004-7467-0770

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bob Moore



Agent



Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/8/04

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

fac.

3. Service Type



Certified Mail



Express Mail



Registered



Return Receipt for Merchandise



Insured Mail



C.O.D.

4. Restricted Delivery? (Extra Fee)



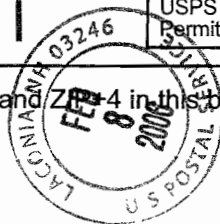
Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •



LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

B201



7005 1160 0004 7467 0787

U.S. Postal Service™

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

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

City, State, ZIP+4

Mark Morney Lateland Pro Co
100 Chestnut Place
Laurens NH 03246-1368

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1. Article Addressed to:

Mark Mooney
Lakeland Mfg Co.
100 Richmond Place
Tacoma WA
03246-1308

2. Article Number
(Transfer from service label)

7005-1160-0004-7467-0787

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

Ruth Mooney

C. Date of Delivery

2/8/06

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

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

LINDA BELL
DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

8201



7005 1160 0004 7467 0794

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent ☒ **RP**

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

City, State, ZIP+4

Belmont Residential
PO Box 625- Prop 44C
Belmont MA 03220-0626

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IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

11020 2742 4000 09TT 5002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Belmont Residential
P.O. Box 625 - Prop. LLC
Belmont NH
03250-0626*

2. Article Number

(Transfer from service label)

7005-1160-0004-7467-0794

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/8/06

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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DEPT ENVIRON SERVICES
WASTE MANAGEMENT DIV
29 HAZEN DRIVE PO BOX 95
CONCORD NH 03302-0095

B201

