

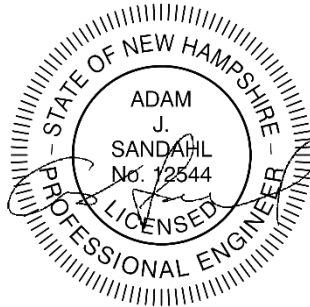


**NHDES Waste Management Division  
29 Hazen Drive; PO Box 95  
Concord, NH 03302-0095**



**Certified Mail Receipts Transmittal  
Granite State Landfill  
Douglas Drive  
Dalton, NH 03598  
NHDES Site #: TBD  
Project Type: SW-LNDFILL  
Project Number: TBD  
Permit: DES-SW-SP-XX-XXX (TBD)**

Prepared For:  
Granite State Landfill, LLC  
1855 VT Route 100  
Hyde Park, VT 05655  
Phone Number (802) 651-5454  
RP Contact Name: John Gay  
RP Contact Email: [john.gay@casella.com](mailto:john.gay@casella.com)



Prepared By:  
CMA Engineers, Inc.  
35 Bow Street  
Portsmouth, NH 03801  
Phone Number: (603) 431-6196  
Contact Name: Adam Sandahl, P.E.  
Contact Email: [asandahl@cmaengineers.com](mailto:asandahl@cmaengineers.com)

Date of Report: December 11, 2023

Cover Sheet for Reports Template - Revised December 2020



December 8, 2023

Ms. Mary Daun, P.E.  
Solid Waste Management Bureau, Waste Management Division  
New Hampshire Department of Environmental Services  
29 Hazen Drive, P.O. Box 29  
Concord, NH 03302-0095

**Re: Granite State Landfill, LLC  
Standard Permit for Solid Waste Landfill  
Certified Mail Receipts Transmittal  
CMA #1101**

Dear Ms. Daun:

Please find the enclosed copies of the signed certified mail receipts for required notices of the above referenced project, originally submitted to your attention on October 31, 2023. Notices that were sent out with paper copies of the application were transmitted via FedEx with signature tracking. Please note that there are still several outstanding notices that we have not received certified receipts:

- Bethlehem Map 406 Lot 3 (83 Airport Rd Solar, LLC)
- Bethlehem Map 406 Lot 39-99 (NH Renewable Power Bethlehem LLC)
- Bethlehem Map 406 Lot 6 (Bryan)
- Bethlehem Map 506 Lot 54 and Map 405 Lot 55 (Dupont)
- Littleton Map 25 Lot 10 (Pierce)
- Whitefield Map 243 Lot 20 (Avgerakis/McLure)

We also note that there is a new owner for the Whitefield Tax Map 252 Lot 1 parcel, which we have submitted a new notice. We are following up with the properties owners from the above lots and will provide a follow up submittal with any additional notices or information.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,  
CMA ENGINEERS, INC.

Adam J. Sandahl, P.E., BCEE  
Project Manager

Cc: Joe Gay, GSL (via email)  
Jaime Colby, NHDES-WMD (via email)  
NHDES Onestop

Enclosures: Certified Mail Receipts

ORIGIN ID:IGGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 30OCT23  
ACTWGT: 8.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO **JAIME COLBY, PE**

**NHDES**

**PERMITTING & DESIGN REVIEW**

**29 HAZEN DRIVE**

**CONCORD NH 03302**

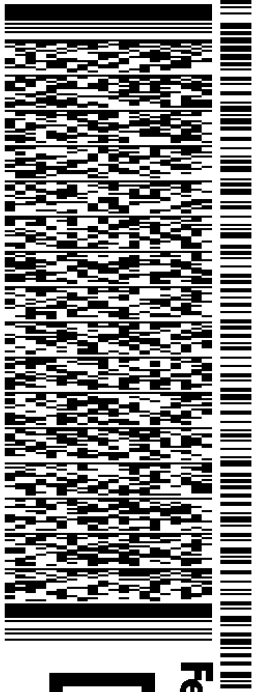
(603) 271-5185

REF: 1139 NCES RJG

INV:

DEPT:

PO:



J234023101501uv

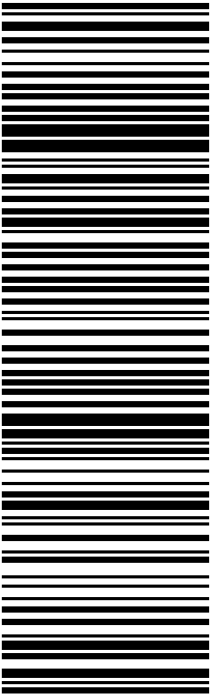
TUE - 31 OCT 10:30A

PRIORITY OVERNIGHT

TRK# 7739 1333 7005  
0201

**03 HIEA**

03302  
NH-US MHT



583J3443A9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Jaime Colby, PE

NHDES

Permitting & Design Review 35 BOW STREET

29 Hazen Drive

CONCORD, NH

03302

US

6032715185

**Ship from:**

Engineering Department

PORTSMOUTH, NH

03801

US

6034316196

### Shipment Information:

Tracking no.: 773913337005

Ship date: 10/30/2023

Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Tube

Number of packages: 1

Total weight: 8 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1138 NCES RJG

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.



ORIGIN ID:IGGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 30OCT23  
ACTWGT: 15.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO **JAIME COLBY, PE**

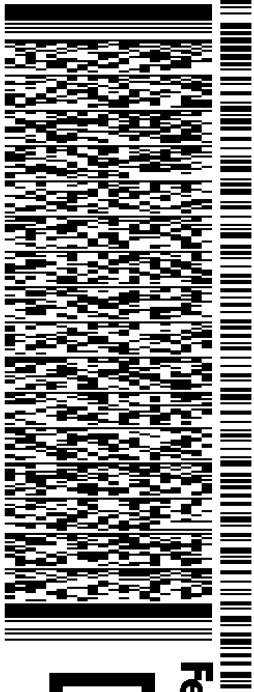
**NHDES**

**PERMITTING & DESIGN REVIEW**

**29 HAZEN DRIVE**

**CONCORD NH 03302**

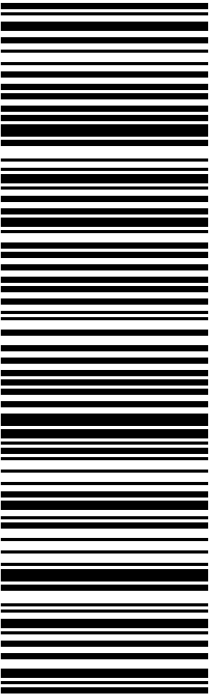
(603) 271-5185 REF: 1139 NCES RJG  
INV: DEPT:  
PO:



583J3443A9AE3

TRK# 7739 1336 9478  
0201  
TUE - 31 OCT 10:30A  
PRIORITY OVERNIGHT

**03 HIEA**  
03302  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Jaime Colby, PE

NHDES

Permitting & Design Review 35 BOW STREET

29 Hazen Drive

CONCORD, NH

03302

US

6032715185

**Ship from:**

Engineering Department

PORTSMOUTH, NH

03801

US

6034316196

### Shipment Information:

Tracking no.: 773913369478

Ship date: 10/30/2023

Estimated shipping charges: 33.24 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 15 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1138 NCES RJG

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:IGGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 30OCT23  
ACTWGT: 10.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO **JAIME COLBY, PE**

**NHDES**

**PERMITTING & DESIGN REVIEW**

**29 HAZEN DRIVE**

**CONCORD NH 03302**

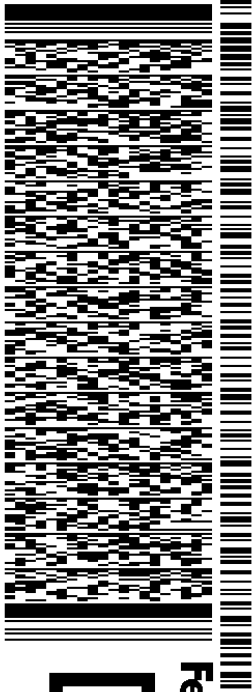
(603) 271-5185

REF: 1139 NCES RJG

INV:  
PO:

DEPT:

583J3443A9AE3



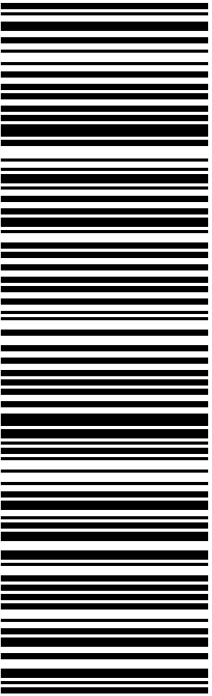
**TUE - 31 OCT 10:30A**

**PRIORITY OVERNIGHT**

TRK# 7739 1342 5530  
0201

**03 HIEA**

**03302**  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Jaime Colby, PE

NHDES

Permitting & Design Review

29 Hazen Drive

CONCORD, NH

03302

US

6032715185

**Ship from:**

Engineering Department

35 BOW STREET

PORTSMOUTH, NH

03801

US

6034316196

### Shipment Information:

Tracking no.: 773913425530

Ship date: 10/30/2023

Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 10 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1138 NCES RJG

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 10.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

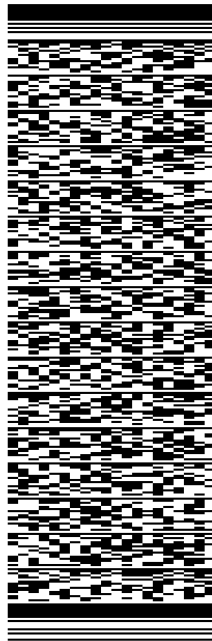
TO SELECT BOARD / TOWN CLERK

TOWN OF DALTON  
756 DALTON ROAD

DALTON NH 03598

REF: 1101 STANDARD PERMIT AJS

DEPT: (603) 837-2092  
INV: PO:



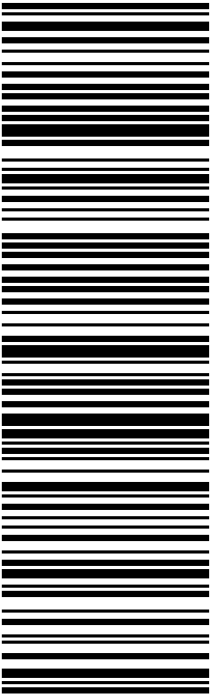
WED - 01 NOV 5:00P

PRIORITY OVERNIGHT

TRK# 7739 2403 1370  
0201

03 LLXA

03598  
NH-US MHT



583J4/C5BD/9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Select Board / Town Clerk  
Town of Dalton  
756 Dalton Road

DALTON, NH  
03598  
US  
6038372092

**Ship from:**

Engineering Department  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773924031370

Ship date: 10/31/2023

Estimated shipping charges: 31.71 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 10 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 10.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO SELECT BOARD/TOWN CLERK

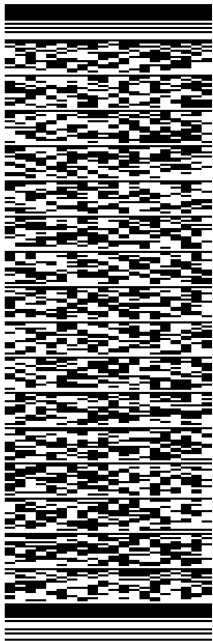
TOWN OF DALTON  
756 DALTON ROAD

DALTON NH 03598

(603) 837-2092

REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:



J234023101501uv

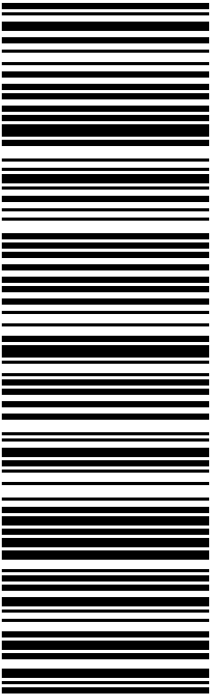
WED - 01 NOV 5:00P

PRIORITY OVERNIGHT

TRK# 7857 6823 5622  
0201

03 LLXA

03598  
NH-US MHT



583J4/C5BD/9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](https://www.fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Select Board/Town Clerk  
Town of Dalton  
756 Dalton Road

DALTON, NH  
03598  
US  
6038372092

**Ship from:**

Engineering Department  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 785768235622

Ship date: 10/31/2023

Estimated shipping charges: 31.71 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 10 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.



ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 15.00 LB  
CAD: 5960568/INET/4660

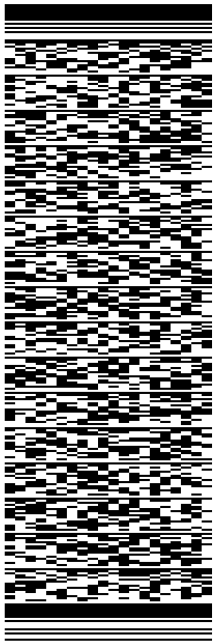
BILL SENDER

TO SELECT BOARD/TOWN CLERK

TOWN OF DALTON  
756 DALTON ROAD

DALTON NH 03598

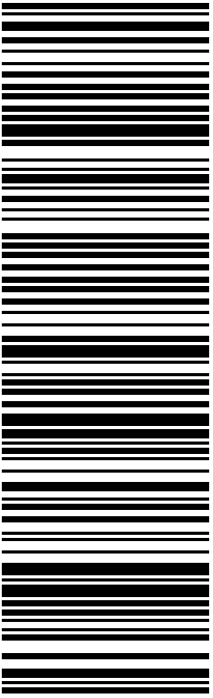
(603) 837-2092 REF: 1101 GSL STANDARD PERMIT AUS  
INV: DEPT:  
PO:



TRK# 7739 2540 7991  
0201

WED - 01 NOV 5:00P  
PRIORITY OVERNIGHT

03 LLXA 03598  
NH-US MHT



583J4/C5BD/9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Select Board/Town Clerk  
Town of Dalton  
756 Dalton Road

DALTON, NH  
03598  
US  
6038372092

**Ship from:**

Engineering Department  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773925407991

Ship date: 10/31/2023

Estimated shipping charges: 37.59 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 15 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 8.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

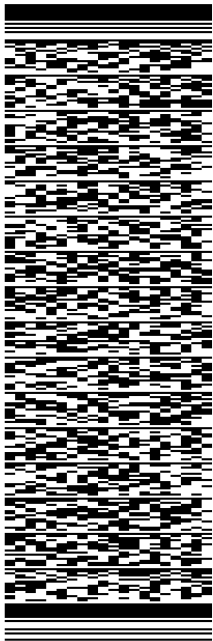
TO SELECT BOARD/TOWN CLERK

TOWN OF DALTON  
756 DALTON ROAD

DALTON NH 03598

(603) 837-2092 REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:

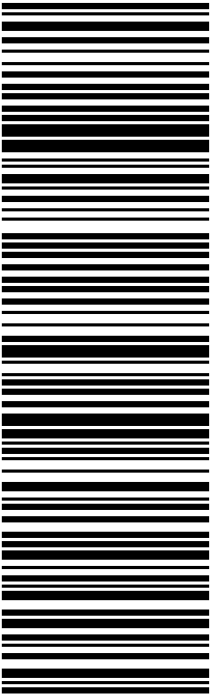


WED - 01 NOV 5:00P

PRIORITY OVERNIGHT

TRK# 7739 2532 2646  
0201

03 LLXA 03598  
NH-US MHT



583J4/C5BD/9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Select Board/Town Clerk  
Town of Dalton  
756 Dalton Road

DALTON, NH  
03598  
US  
6038372092

**Ship from:**

Engineering Department  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773925322646

Ship date: 10/31/2023

Estimated shipping charges: 31.71 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Tube

Number of packages: 1

Total weight: 8 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:IGGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 10.00 LB  
CAD: 5960568/INET/4660

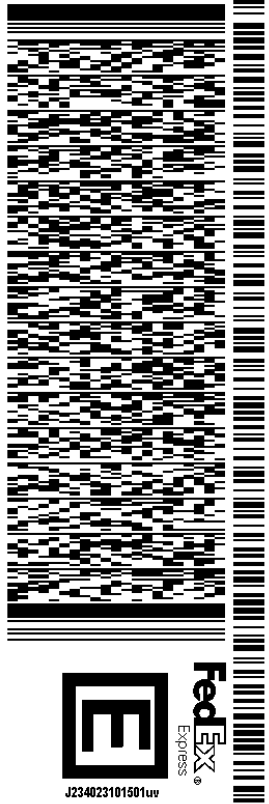
BILL SENDER

TO **MARY DAUN, PE**

**NHDES - SOLID WASTE MANAGEMENT DIV  
22 INTERNATIONAL DRIVE SUITE 175**

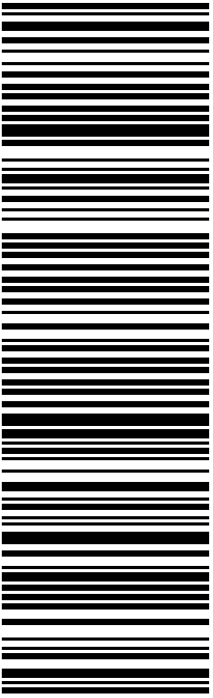
**PORTSMOUTH NH 03801**

(603) 271-0674 REF: 1101 GSL STANDARD PERMIT AUS  
INV: PO: DEPT:



WED - 01 NOV 10:30A  
PRIORITY OVERNIGHT

03 IGGA 03801  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](https://www.fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Mary Daun, PE  
NHDES - Solid Waste  
Management Div  
22 International Drive Suite  
175

**Ship from:**

Engineering Department  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6032710674

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773925805030

Ship date: 10/31/2023

Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 10 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:IGGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 15.00 LB  
CAD: 5960568/INET/4660

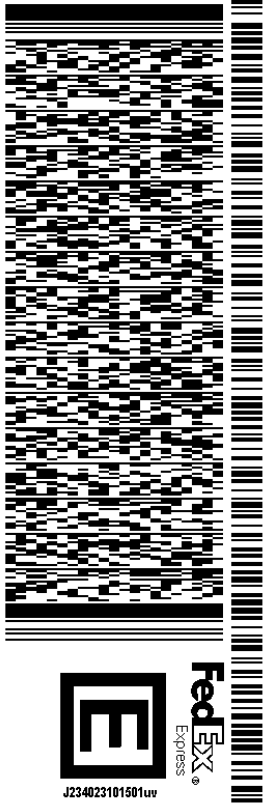
BILL SENDER

TO **MARY DAUN, PE**

**NHDES - SOLID WASTE MANAGEMENT DIV**  
**22 INTERNATIONAL DRIVE SUITE 175**

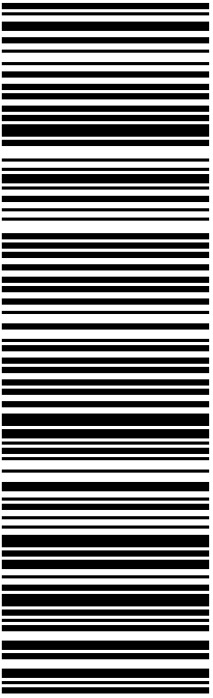
**PORTSMOUTH NH 03801**

(603) 271-0674 REF: 1101 GSL STANDARD PERMIT AUS  
INV: PO: DEPT:



WED - 01 NOV 10:30A  
PRIORITY OVERNIGHT

03 IGGA 03801  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Mary Daun, PE  
NHDES - Solid Waste  
Management Div  
22 International Drive Suite  
175

**Ship from:**

Engineering Department  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6032710674

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773925822190

Ship date: 10/31/2023

Estimated shipping charges: 33.24 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 15 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.



ORIGIN ID:IGGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 8.00 LB  
CAD: 5960568/INET/4660

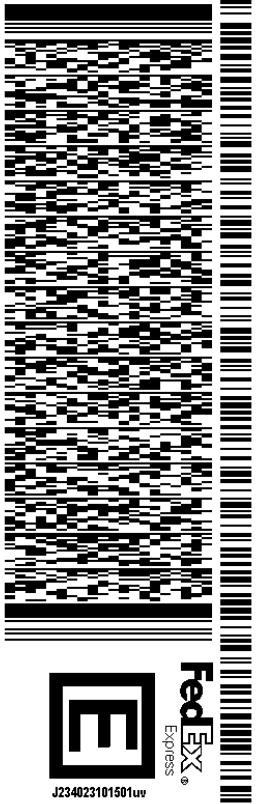
BILL SENDER

TO **MARY DAUN, PE**

**NHDES - SOLID WASTE MANAGEMENT DIV  
22 INTERNATIONAL DRIVE SUITE 175**

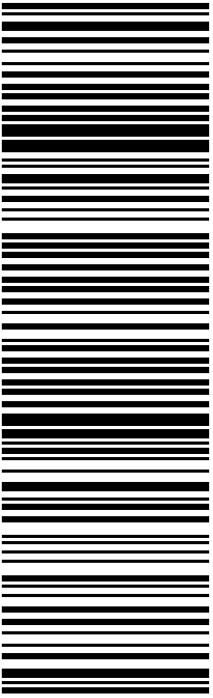
**PORTSMOUTH NH 03801**

(603) 271-0674 REF: 1101 GSL STANDARD PERMIT AUS  
INV: PO: DEPT:



WED - 01 NOV 10:30A  
PRIORITY OVERNIGHT

TRK# 7739 2578 6604  
0201  
**03 IGGA**  
03801  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](https://www.fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Mary Daun, PE  
NHDES - Solid Waste  
Management Div  
22 International Drive Suite  
175

**Ship from:**

Engineering Department  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6032710674

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773925786604

Ship date: 10/31/2023

Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Tube

Number of packages: 1

Total weight: 8 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 10.00 LB  
CAD: 5960568/INET/4660

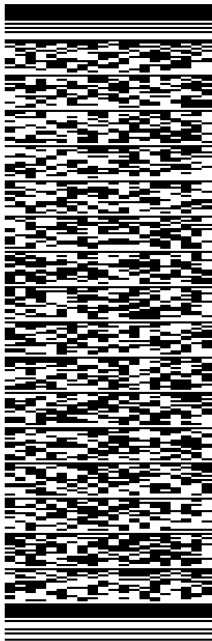
BILL SENDER

TO **ENDANGERED SPECIES COORDINATOR**

**NH FISH & GAME  
11 HAZEN DRIVE**

**CONCORD NH 03302**

(603) 271-3017 REF: 1101 GSL STANDARD PERMIT AUS  
INV: PO: DEPT:



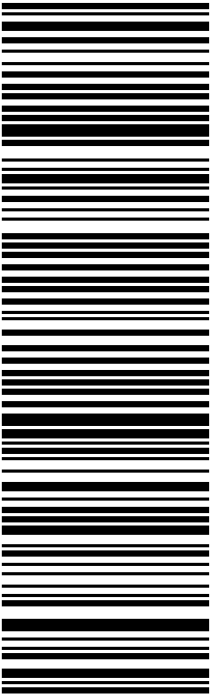
WED - 01 NOV 10:30A

PRIORITY OVERNIGHT

TRK# 7739 2652 0965  
0201

**03 HIEA**

03302  
NH-US MHT



583J4/C5BD/9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Endangered Species  
Coordinator  
NH Fish & Game  
11 Hazen Drive

Concord, NH  
03302  
US  
603-271-3017

**Ship from:**

Engineering Department  
  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773926520965

Ship date: 10/31/2023

Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 10 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 15.00 LB  
CAD: 5960568/INET/4660

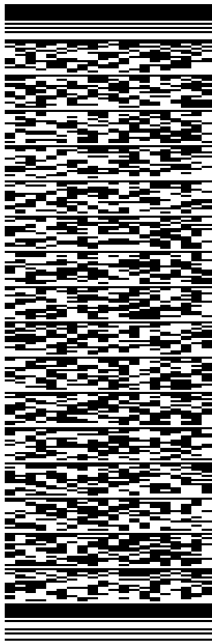
BILL SENDER

TO ENDANGERED SPECIES COORDINATOR

NH FISH & GAME  
11 HAZEN DRIVE

CONCORD NH 03302

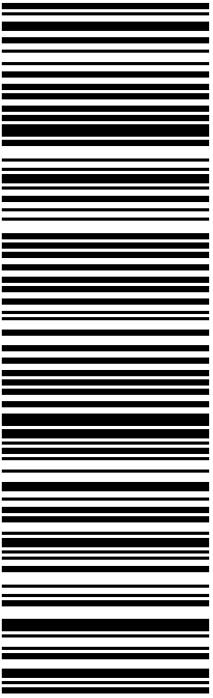
(603) 271-3017 REF: 1101 GSL STANDARD PERMIT AUS  
INV: PO: DEPT:



WED - 01 NOV 10:30A  
PRIORITY OVERNIGHT

TRK# 7739 2650 6365  
0201

03 HIEA 03302  
NH-US MHT



583J4/C5BD/9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Endangered Species  
Coordinator  
NH Fish & Game  
11 Hazen Drive

Concord, NH  
03302  
US  
603-271-3017

**Ship from:**

Engineering Department  
  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773926506365

Ship date: 10/31/2023

Estimated shipping charges: 33.24 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 15 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 8.00 LB  
CAD: 5960568/NET/4660

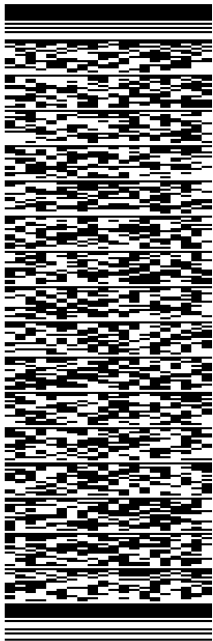
BILL SENDER

TO **ENDANGERED SPECIES COORDINATOR**

**NH FISH & GAME**  
**11 HAZEN DRIVE**

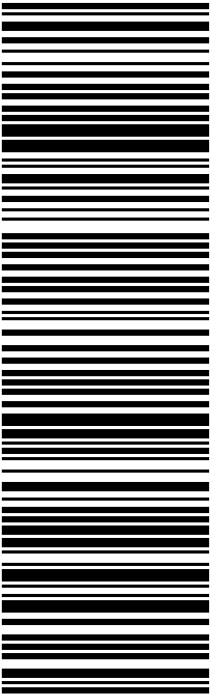
**CONCORD NH 03302**

(603) 271-3017 REF: 1101 GSL STANDARD PERMIT AUS  
INV: PO: DEPT:



TRK# 7739 2653 9481  
0201  
WED - 01 NOV 10:30A  
PRIORITY OVERNIGHT

**03 HIEA**  
03302  
NH-US MHT



583J4/C5BD/9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Endangered Species  
Coordinator  
NH Fish & Game  
11 Hazen Drive

Concord, NH  
03302  
US  
603-271-3017

**Ship from:**

Engineering Department  
  
35 BOW STREET

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773926539481

Ship date: 10/31/2023

Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Tube

Number of packages: 1

Total weight: 8 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.



ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 10.00 LB  
CAD: 5960568/INET4660

BILL SENDER

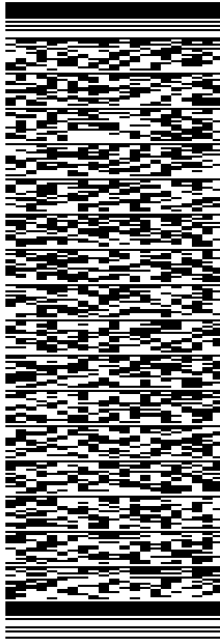
TO NH DEPT OF RESOURCES & ECONOMY  
NH DEPT OF NATURAL HERITAGE INVENTO  
172 PEMBROKE ROAD

CONCORD NH 03302

(603) 271-3632

REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:



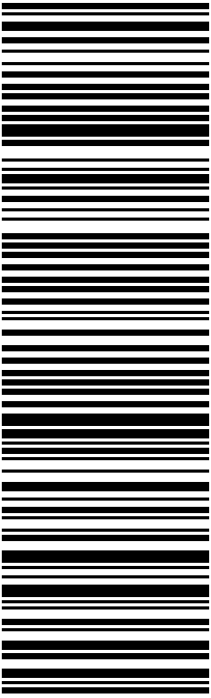
J234023101501uv

TRK# 7739 2634 8697  
0201

WED - 01 NOV 10:30A  
PRIORITY OVERNIGHT

03 HIEA

03302  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

<b>Ship to:</b>	<b>Ship from:</b>
NH Dept Of Resources & Economy	Engineering Department
NH Dept of Natural Heritage	
Invento	
172 Pembroke Road	35 BOW STREET
CONCORD, NH	PORTSMOUTH, NH
03302	03801
US	US
603-2713632	6034316196

### Shipment Information:

Tracking no.: 773926348697  
Ship date: 10/31/2023  
Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate  
Service type: Priority Overnight  
Package type: FedEx Box  
Number of packages: 1  
Total weight: 10 LBS  
Declared Value: 0.00 USD  
Special Services:  
Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475  
Your reference: 1101 GSL Standard Permit AJS  
P.O. no.:  
Invoice no.:  
Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 15.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO NH DEPT OF RESOURCES & ECONOMY  
NH DEPT OF NATURAL HERITAGE INVENTO  
172 PEMBROKE ROAD

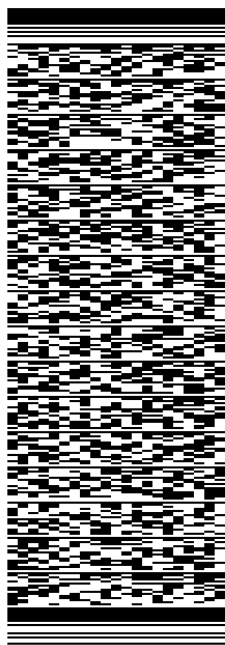
CONCORD NH 03302

(603) 271-3632

REF: 1101 GSL STANDARD PERMIT AUS

INV:

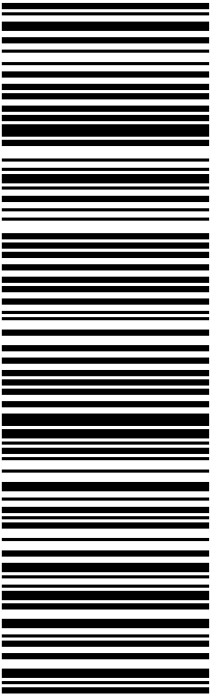
DEPT:



TRK# 7739 2636 2245  
0201

WED - 01 NOV 10:30A  
PRIORITY OVERNIGHT

03 HIEA 03302  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

<b>Ship to:</b>	<b>Ship from:</b>
NH Dept Of Resources & Economy	Engineering Department
NH Dept of Natural Heritage	
Invento	
172 Pembroke Road	35 BOW STREET
CONCORD, NH	PORTSMOUTH, NH
03302	03801
US	US
603-2713632	6034316196

### Shipment Information:

Tracking no.: 773926362245

Ship date: 10/31/2023

Estimated shipping charges: 33.24 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 15 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 8.00 LB  
CAD: 5960568/NET/4660

BILL SENDER

TO NH DEPT OF RESOURCES & ECONOMY  
NH DEPT OF NATURAL HERITAGE INVENTO  
172 PEMBROKE ROAD

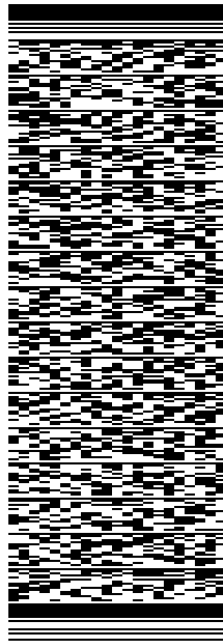
583J4/C5BD/9AE3

CONCORD NH 03302

(603) 271-3632

REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:



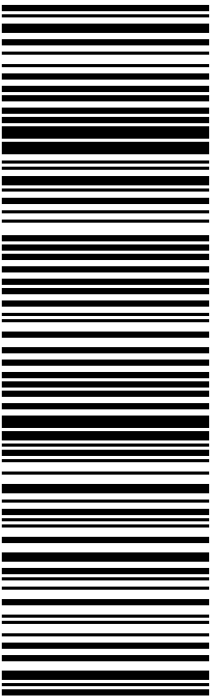
WED - 01 NOV 10:30A

PRIORITY OVERNIGHT

TRK# 7739 2633 2838  
0201

03 HIEA

03302  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

NH Dept Of Resources &  
Economy  
NH Dept of Natural Heritage  
Invento

172 Pembroke Road

CONCORD, NH

03302

US

603-2713632

**Ship from:**

Engineering Department

35 BOW STREET

PORTSMOUTH, NH

03801

US

6034316196

### Shipment Information:

Tracking no.: 773926332838

Ship date: 10/31/2023

Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Tube

Number of packages: 1

Total weight: 8 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:IGGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 8.00 LB  
CAD: 5960568/NET/4660

BILL SENDER

TO **TRACY SALES**

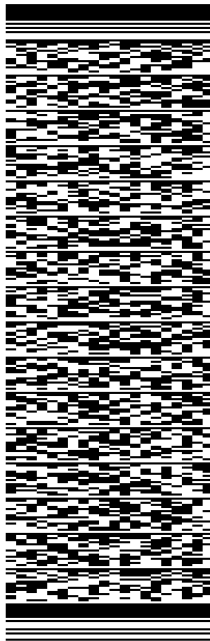
**NHDES WATER POLLUTION DIVISION  
29 HAZEN DRIVE**

**CONCORD NH 03302**

(603) 271-3503

REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:



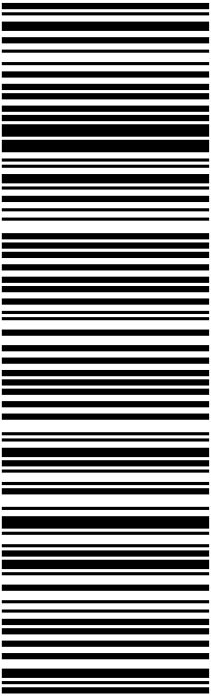
J234023101501uv

TRK# 7857 7098 5111  
0201

WED - 01 NOV 10:30A  
PRIORITY OVERNIGHT

**03 HIEA**

03302  
NH-US MHT



583J4/C5BD/9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Tracy Sales  
NHDES Water Pollution  
Division

29 Hazen Drive

CONCORD, NH

03302

US

603-271-3503

**Ship from:**

Engineering Department

35 BOW STREET

PORTSMOUTH, NH

03801

US

6034316196

### Shipment Information:

Tracking no.: 785770985111

Ship date: 10/31/2023

Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Tube

Number of packages: 1

Total weight: 8 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.



ORIGIN ID:IGGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 10.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO TRACY SALES

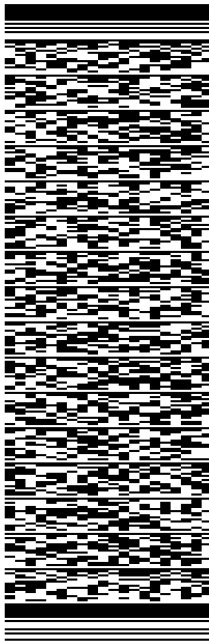
NHDES WATER POLLUTION DIVISION  
29 HAZEN DRIVE

CONCORD NH 03302

(603) 271-3503

REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:



J234023101501uv

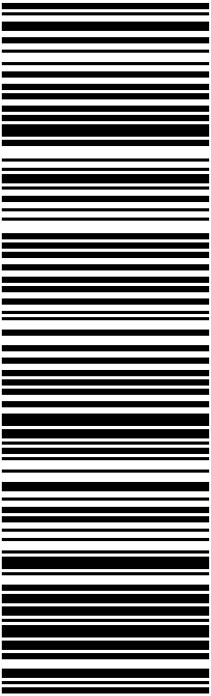
WED - 01 NOV 10:30A

PRIORITY OVERNIGHT

TRK# 7739 2609 9553  
0201

03 HIEA

03302  
NH-US MHT



583J4/C5BD/9AE3

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Tracy Sales  
NHDES Water Pollution  
Division

29 Hazen Drive

CONCORD, NH

03302

US

603-271-3503

**Ship from:**

Engineering Department

35 BOW STREET

PORTSMOUTH, NH

03801

US

6034316196

### Shipment Information:

Tracking no.: 773926099553

Ship date: 10/31/2023

Estimated shipping charges: 27.37 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 10 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 15.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO TRACY SALES

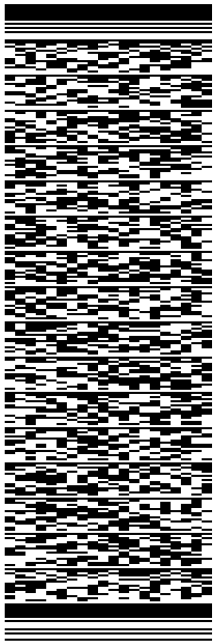
NHDES WATER POLLUTION DIVISION  
29 HAZEN DRIVE

CONCORD NH 03302

(603) 271-3503

REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:



J234023101501uv

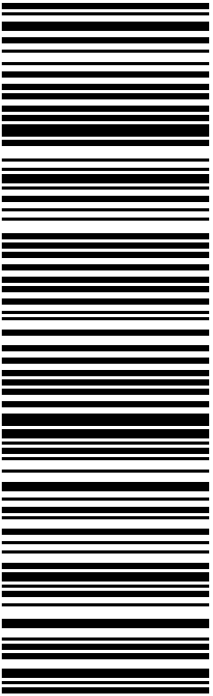
WED - 01 NOV 10:30A

PRIORITY OVERNIGHT

TRK# 7739 2608 4469  
0201

03 HIEA

03302  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Tracy Sales  
NHDES Water Pollution  
Division

29 Hazen Drive

CONCORD, NH

03302

US

603-271-3503

**Ship from:**

Engineering Department

35 BOW STREET

PORTSMOUTH, NH

03801

US

6034316196

### Shipment Information:

Tracking no.: 773926084469

Ship date: 10/31/2023

Estimated shipping charges: 33.24 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 15 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 10.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO RICHARD WALLING, CHAIR  
AMMONOOSUC RIVER LOCAL ADVISORY COM  
323 MONROE ROAD

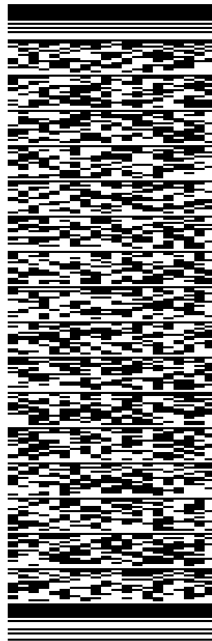
583J4/C5BD/9AE3

BATH NH 03740

(603) 747-3562

REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:

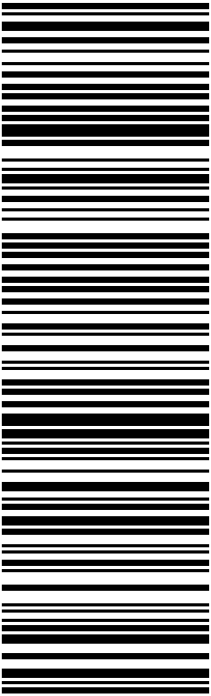


WED - 01 NOV 5:00P

PRIORITY OVERNIGHT

TRK# 7739 2558 7178  
0201

03 LIXA 03740  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

#### Ship to:

Richard Walling, Chair  
Ammonoosuc River Local  
Advisory Com  
323 Monroe Road

#### Ship from:

Engineering Department  
  
35 BOW STREET

BATH, NH  
03740  
US  
6037473562

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773925587178

Ship date: 10/31/2023

Estimated shipping charges: 32.65 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 10 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 15.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO RICHARD WALLING, CHAIR  
AMMONOOSUC RIVER LOCAL ADVISORY COM  
323 MONROE ROAD

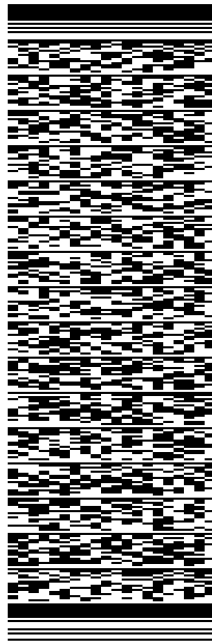
583J4/C5BD/9AE3

BATH NH 03740

(603) 747-3562

REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:

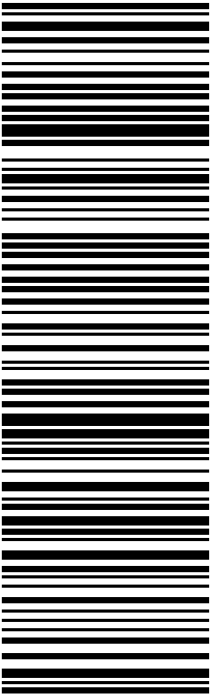


WED - 01 NOV 5:00P

PRIORITY OVERNIGHT

TRK# 7739 2557 2808  
0201

03 LLXA 03740  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

#### Ship to:

Richard Walling, Chair  
Ammonoosuc River Local  
Advisory Com  
323 Monroe Road

#### Ship from:

Engineering Department  
  
35 BOW STREET

BATH, NH  
03740  
US  
6037473562

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773925572808

Ship date: 10/31/2023

Estimated shipping charges: 38.53 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Box

Number of packages: 1

Total weight: 15 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.



ORIGIN ID:GGA (603) 431-6196  
ENGINEERING DEPARTMENT

35 BOW STREET

PORTSMOUTH, NH 03801  
UNITED STATES US

SHIP DATE: 31OCT23  
ACTWGT: 8.00 LB  
CAD: 5960568/INET/4660

BILL SENDER

TO RICHARD WALLING, CHAIR  
AMMONOOSUC RIVER LOCAL ADVISORY COM  
323 MONROE ROAD

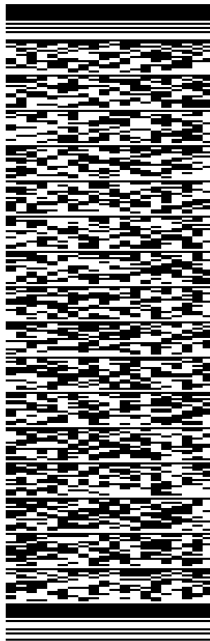
583J4/C5BD/9AE3

BATH NH 03740

(603) 747-3562

REF: 1101 GSL STANDARD PERMIT AUS

INV: PO: DEPT:

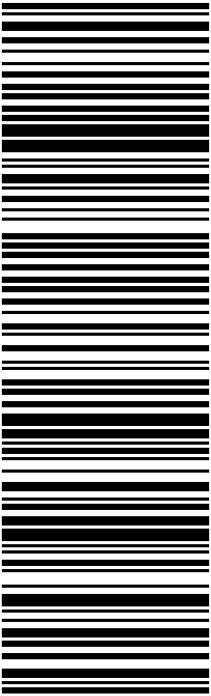


WED - 01 NOV 5:00P

PRIORITY OVERNIGHT

TRK# 7739 2560 7184  
0201

03 LLXA 03740  
NH-US MHT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



## Shipment Receipt

### Address Information

**Ship to:**

Richard Walling, Chair  
Ammonoosuc River Local  
Advisory Com  
323 Monroe Road

**Ship from:**

Engineering Department  
  
35 BOW STREET

BATH, NH  
03740  
US  
6037473562

PORTSMOUTH, NH  
03801  
US  
6034316196

### Shipment Information:

Tracking no.: 773925607184

Ship date: 10/31/2023

Estimated shipping charges: 32.65 USD

### Package Information

Pricing option: FedEx Standard Rate

Service type: Priority Overnight

Package type: FedEx Tube

Number of packages: 1

Total weight: 8 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Drop off package at FedEx location

### Billing Information:

Bill transportation to: CMA-475

Your reference: 1101 GSL Standard Permit AJS

P.O. no.:

Invoice no.:

Department no.:

**Thank you for shipping online with FedEx ShipManager at [fedex.com](https://fedex.com).**

### Please Note

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits; Consult the applicable FedEx Service Guide for details.

The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

Name	Address	Tax Map & Lot	Certified Mail Status	Notes			
Team O'Neil Realty Trust	178 Miller Road, Dalton, NH 03598	405-22 Dalton	DELIVERED				
Leblanc Family Trust	132 Chine Way, Osterville, MA 02655	405-32 Dalton	DELIVERED				
Jeffrey & Jacqueline Costura	PO Box 47, Pelham, NH 03076-0047	201-26 Dalton	DELIVERED				
Ammonoosuc Asphalt	PO Box 956, Littleton, NH 03561	406-3A Dalton	DELIVERED				
Antonio T. Rosa Jr. & Cindy L. Rosa	106 Peters Lane, Rockfall, CT 06481	407-1.2 Dalton	DELIVERED				
Carl & Debrah Howes	2 Glenview Drive, Hudson, NH 03051	407-1 Dalton	DELIVERED				
State of NH- DNCR	172 Pembroke Road, Concord, NH 03301	408-6 Dalton	DELIVERED				
Erik M. Johnson & Judith R. Johnson	25 Twin Diamond Drive, Bridgewater, MA 02324	407-1.3 Dalton	DELIVERED				
Keith M. Ashton & Heidi C. Ashton	7 Over Rock Lane, Westport, CT 06880	201-13 Dalton	DELIVERED				
Joanne Hennessey REV Trust - Jean Burgin, TTE	12 Spring Street, Whitefield, NH 03598	201-27 Dalton	DELIVERED				
Gregory Thomas Vanasse*	507 West Side Road, Whitefield, NH 03598	252-1 Whitefield*	DELIVERED	*Former owner. New owner is Timothy Joyce (row 14).			
Timothy Joyce	6020 Hidden Row Avenue El Paso, TX 79924	252-1 Whitefield	mailed 2023-12-07				
Joseph M Vital & Jessi K Day	509 West Side Road, Bethlehem, NH 03574	252-2 Whitefield	DELIVERED				
David H. & Tammy A. Aldrich	517 West Side Road, Bethlehem, NH 03574	252-3 Whitefield	DELIVERED				
Thomas F. Banit	529 West Side Road, Bethlehem, NH 03574	252-4 Whitefield	DELIVERED				
Dominic & Deborah H. Vitacco	535 West Sde Road, Bethlehem, NH 03574	243-1 Whitefield	DELIVERED				
Eryka L. Lowe	549 West Side Road, Bethlehem, NH 03574	243-2 Whitefield	DELIVERED				
Thomas A. Major	6 Fairhaven Ave, Warwick, RI 02889	243-3 Whitefield	DELIVERED				
Bethany Taylor & Austin Taylor	573 West Side Road, Bethlehem, NH 03574	243-4 Whitefield	DELIVERED				
William T Avgerakis & Bethany McLure	44 Rector Street, Metuchen, NJ 08840	243-20 Whitefield					
Dalton Valley Drags, LLC	104 Douglas Drive, Bethlehem, NH 03574	406-2 Bethlehem	DELIVERED				
83 Airport Rd Solar LLC	120 Front Street, Marion, MA 02738	406-3 Bethlehem					
Cathy Coburn & Steve Pinette	103 Pine St, Mansfield, MA 02048	406-4 Bethlehem	DELIVERED				
Bobbi Sue Baker	739 Whitefield Road, Bethlehem, NH 03574	405-53 Bethlehem	DELIVERED				
Chris Dupont	24 West Highland Ave, Cumberland RI, 02864	405-54 Bethlehem					
Chris Dupont	24 West Highland Ave, Cumberland, RI 02864	405-55 Bethlehem					
Randy C. Smith & Andrea Jeanne Matott Smith	PO Box 36, Bethlehem, NH 03574	405-56 Bethlehem	DELIVERED				
Scott J. Dixon	58 Berkshire Rd, Lisbon, NH 03585	405-57 Bethlehem	DELIVERED				
Eric S. Bryan & Thomas E. Bryan	205 West Forest Lake Road, Bethlehem, NH 03574	406-6 Bethlehem	returned – unclaimed – unable to forward				
Christopher & Leanne Witkowski	30 Garland Drive, Pelham, NH 03076	406-5 Bethlehem	DELIVERED				
Cosmo J. Valente	24 High Street, Somerville, MA 02144	406-16 Bethlehem	DELIVERED				
Karen L. Burrill-Murray	24 Maple Ave, Foxborough, MA 02035	406-39 Bethlehem	DELIVERED				
NE Renewable Power Bethlehem LLC	1185 Ave of the Americas, 9th Floor, New York, NY 10036	406-39-99 Bethlehem					
State of NH Dept of Resources & Economics	172 Pembroke Road, Concord, NH 03301	405-58 Bethlehem	DELIVERED				
Crowe Family Investments, LLC	PO Box 455, Littleton, NH 03561	36-17, 48-5 Littleton	DELIVERED				
Debra L Kelleher	825 Whitefield Road, Bethlehem, NH 03574	49-1 Littleton	DELIVERED				
Elizabeth R Kober Rev Trust	279 Wilkins Farm Rd, Littleton, NH 03561	36-15 Littleton	DELIVERED				
Bryan Koplow & Rachel Koplow	1322 Manns Hill Rd, Littleton, NH 03561	25-9 Littleton	DELIVERED				
Leblanc Family Trust	132 Chine Way, Osterville, MA 02655	25-4, 17-10 Littleton	DELIVERED				
Cynthia Carol Pierce & Charles A. Pierce	5 Cefalo Rd, West Roxbury, MA 02132	25-10 Littleton					
J.W. Chipping	104 Douglas Drive, Bethlehem, NH 03574	406-1 Bethlehem, 25-15 Littleton, 406-1, 2.3,2.4,2.5, 3.1, 405-33 Dalton	DELIVERED				

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**Whitefield, NH 03598**

**OFFICIAL USE**

Certified Mail Fee \$4.35

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.66

**Total Postage and Fees \$8.56**

Postmark Here  
 10/24/2023

Sent To **Timothy O'Neil**  
 Street and Apt. No., or PO Box No. **178 Miller Road**  
 City, State, ZIP+4® **Dalton, NH 03598**

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:

**Team O'Neil Realty Trust  
 Timothy O'Neil TTE  
 178 Miller Road  
 Dalton, NH 03598**

9590 9402 6256 0265 1251 01

2. Article Number (Transfer from service label)  
**7020 1290 0000 5873 5450**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
**W. B. ...**

C. Date of Delivery  
**10/26/23**

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

3. Service Type

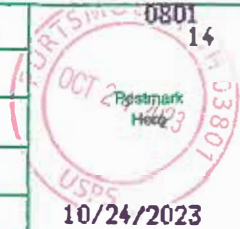
<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	

Insured Mail  
 Insured Mail Restricted Delivery  
 over \$500

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7006 3450 0000 8527 9549

<b>U.S. Postal Service<sup>TM</sup></b> <b>CERTIFIED MAIL<sup>TM</sup> RECEIPT</b> <i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> <b>Osterville, MA 02655</b>	
<b>\$4.35</b> Postage	<b>\$3.55</b> Certified Fee
<b>\$0.00</b> Return Receipt Fee (Endorsement Required)	<b>\$0.00</b> Restricted Delivery Fee (Endorsement Required)
<b>\$0.66</b> Total Postage & Fees	<b>\$8.56</b>
Sent To Street, Apt. No., or PO Box No. Leblanc Family Trust 132 Chine Way City, State, ZIP+4 <sup>®</sup> Osterville, Ma 02655	
PS Form 3800 August 2006 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:

Leblanc Family Trust  
 132 Chine Way  
 Osterville, Ma 02655



9590 9402 8469 3186 6715 31

2. Article Number (Transfer from service label)

7006 3450 0000 8527 9549

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

- ☐ Agent  
☐ Addressee

C. Date of Delivery

10/27/23

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

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail<sup>®</sup>
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery

- ☐ Priority Mail Express<sup>®</sup>
- ☐ Registered Mail<sup>TM</sup>
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation<sup>TM</sup>
- ☐ Signature Confirmation Restricted Delivery



U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Pelham, NH 03076

**OFFICIAL USE**

Certified Mail Fee \$4.35

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.66

Total Postage and Fee \$8.56

Sent To

Street and Apt. No., or PO Box No. Jeffrey & Jacqueline Costura  
 PO Box 47

City, State, ZIP+4® Pelham, NH 03076-0047

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

0801 14

10/24/2023

**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:

Jeffrey & Jacqueline Costura  
 PO Box 47  
 Pelham, NH 03076-0047

2. Article Number (Transfer from service label)  
 7021 0350 0000 3526 5089

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 \*Jacqueline Costura

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

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Littleton, NH 03561

Certified Mail Fee \$4.35

Extra Services & Fees (check box, add fee to postage)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.66

**Total Postage and Fees \$5.01**

Sent To

Street and Apt. No., or P.O. Box No. Ammonoosuc Asphalt

City, State, ZIP+4® P.O. Box 956  
 Littleton, NH 03561

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

0801  
 10/24/2023

**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:

Ammonoosuc Asphalt  
 P.O. Box 956  
 Littleton, NH 03561

2. Article Number (Transfer from service label)  
 7021 0350 0000 3526 5096

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Courtney Tocci

C. Date of Delivery  
 10/30/23

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

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Rockfall, CT 06481

Certified Mail Fee \$4.35

\$3.55  
 Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fees  
**\$8.56**

Sent To

Street and Apt. No., or PO Box No. Antonio T. Rosa Jr. & Cindy L. Rosa  
 106 Peters Lane  
 City, State, ZIP+4® Rockfall, CT 06481

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:

Antonio T. Rosa Jr. & Cindy L. Rosa  
 106 Peters Lane  
 Rockfall, CT 06481



9590 9402 6587 1028 1551 03

2. Article Number (Transfer from service label)

7021 0350 0000 3526 5102

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Antonio Rosa*

C. Date of Delivery

10/30/23

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  
☐ Signature Confirmation®  
☐ Signature Confirmation Restricted Delivery



7021 0350 0000 3526 5119

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Hudson, NH 03051

**OFFICIAL USE**

Certified Mail Fee **\$4.35**  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ **\$3.55**  
☐ Return Receipt (electronic) \$ **\$0.00**  
☐ Certified Mail Restricted Delivery \$ **\$0.00**  
☐ Adult Signature Required \$ **\$0.00**  
☐ Adult Signature Restricted Delivery \$ **\$0.00**

Postage **\$0.66**

Total Postage and Fees **\$8.56**

Sent To

Street and Apt. No., or PO Box No. Carl & Debrah Howes  
 2 Glenview Drive  
 City, State, ZIP+4® Hudson, NH 03051

Postmark Here  
 10/24/2023  
 NH 03051

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:

Carl & Debrah Howes  
 2 Glenview Drive  
 Hudson, NH 03051



9590 9402 6587 1028 1551 10

2. Article Number (Transfer from service label)

7021 0350 0000 3526 5119

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Carl P. Howes* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

TRAN

C. Date of Delivery

10/26

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 (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7021 0350 0000 3526 5126

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Concord, NH 03301

OFFICIAL USE

Certified Mail Fee \$4.35  
\$7.55  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fees \$8.56



Sent To  
State of NH- DNCR  
Street and Apt. No., or PO Box No. 172 Pembroke Road  
City, State, ZIP+4® 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:

State of NH- DNCR  
172 Pembroke Road  
Concord, NH 03301



9590 9402 6587 1028 1551 27

2. Article Number (Transfer from service label)

7021 0350 0000 3526 5126

## COMPLETE THIS SECTION ON DELIVERY

A. Signature *John York* ☐ Agent  
*Ann York* ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-27

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  
☐ Registered Mail  
☐ Registered Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

7021 0350 0000 3526 5133

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
Bridgewater, MA 02324	
<b>OFFICIAL USE</b>	
Certified Mail Fee \$4.35	0801 14
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<input type="checkbox"/> Return Receipt (hardcopy) \$3.55	10/24/2023
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.66	
Total Postage and Fees \$8.56	
Sent To Erik Johanson & Judith Johnson	
Street and Apt. No., or PO Box No. 27 Twin Diamond Drive	
City, State, ZIP+4® Bridgewater, MA 02324	
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"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</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:</p> <p>Erik Johanson &amp; Judith Johnson 27 Twin Diamond Drive Bridgewater, MA 02324</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 6587 1028 1551 34</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 checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery</p>	

7021 0350 0000 3526 5133

7021 0350 0000 3526 5140

## U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.


Westport, CT 06880

# OFFICIAL USE

Certified Mail Fee	\$4.35
Extra Services & Fees (check box, add fee as indicated)	\$3.55
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.66
<b>Total Postage and Fees</b>	<b>\$8.56</b>
Sent To	
Street and Apt. No., or PO Box No. Keith M. Ashton & Heidi C. Ashton	
City, State, ZIP+4® 7 Over Rock Lane Westport, CT 06880	

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

0801 14  
 OCT 2 2023  
 POSTMARK  
 HERE  
 SOUTH NH 03801

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0; text-align: center;">             Keith M. Ashton &amp; Heidi C. Ashton              7 Over Rock Lane              Westport, CT 06880           </div>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <hr/> <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)</p> <div style="text-align: center;">               9590 9402 6587 1028 1551 41           </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" 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"/> Registered Mail  <input type="checkbox"/> Registered Mail Restricted Delivery           </div> <div> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation®  <input type="checkbox"/> Signature Confirmation Restricted Delivery           </div> </div>

7021 0350 0000 3526 5140



7021 0350 0000 3526 5157

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Whitefield, NH 03598

**OFFICIAL USE**

Certified Mail Fee \$4.35  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$13.55  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00  
 Postage \$0.66  
 Total Postage and Fees \$8.56

0801 14  
 Postmark Here  
 10/24/2023

Sent To  
 Street and Apt. No., or PO Box No. Jean Burgin, Trustee  
 12 Spring Street  
 City, State, ZIP+4® Whitefield, NH 03598

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:

Jean Burgin, Trustee  
 12 Spring Street  
 Whitefield, NH 03598



9590 9402 6587 1028 1551 58

2. Article Number (Transfer from service label)

7021 0350 0000 3526 5157

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]* ☒ Agent  
☐ Addressee

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

*[Signature]* *[Signature]*

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

**3. Service Type**

☒ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☒ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

7021 0350 0000 3526 5171

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

West Kingston, RI 02892

Certified Mail Fee	\$4.35
Extra Services & Fees (check box, add fee as appropriate)	\$3.55
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.66

Total Postage and Fees \$8.56



Sent To  
 Street and Apt. No., or PO Box No. Gregory Thomas Vanasse  
 99 Sir Michael Circle  
 City, State, ZIP+4® West Kingston, RI 02892

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:**

Gregory Thomas Vanasse  
 99 Sir Michael Circle  
 West Kingston, RI 02892



9590 9402 6587 1028 1551 72

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

7021 0350 0000 3526 5171

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Greg Vanasse*

☐ Agent

☐ Addressee

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

GREG VANASSE

**C. Date of Delivery**

10/27/23

**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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Insured Mail  
 Limited to \$500  
 Registered Mail Restricted Delivery  
 over \$500

7021 0350 0000 3526 5188

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**Bethlehem, NH 03574**

**OFFICIAL USE**

Certified Mail Fee \$4.35

Extra Services & Fees (check box, add fee if applicable)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.66

Total Postage and Fees \$8.56

Sent To

Street and Apt. No., or PO Box No. Joseph M Vital & Jessi K Day  
 509 West Side Road  
 City, State, ZIP+4® Bethlehem, NH 03574

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

Postmark Here 10/24/2023

**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 M Vital & Jessi K Day  
 509 West Side Road  
 Bethlehem, NH 03574

2. Article Number (Transfer from service label)  
 7021 0350 0000 3526 5188

3. Service Type

<input checked="" 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"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) Jessi K Day

C. Date of Delivery 10/27/28

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

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$4.35

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.66

**Total Postage and Fees \$5.01**

Postmark Here  
 10/24/2023

Send To  
 Street and Apt. No., or PO Box No. David H. & Tammy A. Aldrich  
 517 West Side Road  
 City, State, ZIP+4® Bethlehem, NH 03574

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>A. Signature            X <u>Tammy Aldrich</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">David H. &amp; Tammy A. Aldrich            517 West Side Road            Bethlehem, NH 03574</p>		<p>B. Received by (Printed Name) <u>Tammy Aldrich</u> C. Date of Delivery <u>10/27/23</u></p>	
<p>2. Article Number (Transfer from service label)            7021 0350 0000 3526 5201</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</p> <p><input checked="" 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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



7021 0350 0000 3526 5218

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Bethlehem, NH 03574

Certified Mail Fee	\$4.35
Extra Services & Fees (check box, add fee if desired)	\$3.55
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.66
<b>Total Postage and Fees</b>	<b>\$8.56</b>



Sent To

Street and Apt. No., or PO Box No. Thomas F. Banit  
 529 West Side Road  
 City, State, ZIP+4® Bethlehem, NH 03574

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:

Thomas F. Banit  
 529 West Side Road  
 Bethlehem, NH 03574



9590 9402 6587 1028 1552 19

2. Article Number (Transfer from service label)

7021 0350 0000 3526 5218

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☒ Addressee  
 X Tom Banit  
 B. Received by (Printed Name) C. Date of Delivery  
 Tom Banit 10/27/23  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Bethlehem, NH 03574

**OFFICIAL USE**

Certified Mail Fee \$4.35

\$3.55

Extra Services & Fees (check box, add fees) \$0.00

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$

Postage \$0.66

\$

Total Postage and Fees

\$8.58

\$

Sent To

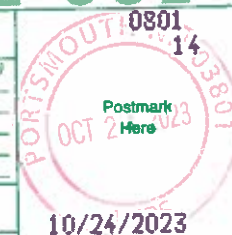
Street and Apt. No., or PO Box No. DOMINIC & Deborah H. Vitacco

535 West Side Road

City, State, ZIP+4® Bethlehem, NH 03574

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:

Dominic & Deborah H. Vitacco  
 535 West Side Road  
 Bethlehem, NH 03574



9590 9402 5437 9189 4242 42

2. Article Number (Transfer from service label)

7019 0700 0001 9457 6640

**COMPLETE THIS SECTION**

A. Signature

X *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

DOMINIC V. TALCO

C. Date of Delivery

10/31/23

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

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

7019 0700 0001 9457 6657

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Bethlehem, NH 03574

**OFFICIAL USE**

Certified Mail Fee \$4.35

\$3.55

Extra Services & Fees (check box, add fee)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fee \$8.56

\$

Sent To

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

City, State, ZIP+4®

Eryka L. Lowe

549 West Side Road

Bethlehem, NH 03574

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

See Reverse for Instructions

0801

14

Postmark

Here

OCT 24 2023

10/24/2023

**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:

Eryka L. Lowe  
 West Side Road  
 Bethlehem, NH 03574



9590 9402 5437 9189 4236 41

2. Article Number (Transfer from service label)

7019 0700 0001 9457 6657

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Eryka L. Lowe*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/27/23

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

☐ Registered Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Warwick, RI 02889

**OFFICIAL USE**

Certified Mail Fee \$4.35

\$3.55

Extra Services & Fees (check box, add fees for extra services)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$

Postage \$0.66

Total Postage and Fees \$8.56

\$

Sent To

Street and Apt. No., or PO Box No. Thomas A. Major  
6 Fairhaven Avenue

City, State, ZIP+4® Warwick, RI 02889

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

See Reverse for Instructions

0801 14

Postmark  
Here

10/24/2023

## 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:

Thomas A. Major  
6 Fairhaven Avenue  
Warwick, RI 02889



9590 9402 5437 9189 4236 58

2. Article Number (Transfer from service label)

7019 0700 0001 9457 6671

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Thomas A. Major ☐ Agent ☐ Addressee

B. Received by (Printed Name)

THOMAS A. MAJOR

C. Date of Delivery

10/26/2023

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

red Mail

red Mail Restricted Delivery

r \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt



7019 0700 0001 9457 6688

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Bethlehem, NH 03574

**OFFICIAL USE**

Certified Mail Fee \$4.35

\$3.55

Extra Services &amp; Fees (check box, add fee)

☐ Return Receipt (hardcopy) \$0.00☐ Return Receipt (electronic) \$0.00☐ Certified Mail Restricted Delivery \$0.00☐ Adult Signature Required \$0.00☐ Adult Signature Restricted Delivery \$

Postage \$0.66

Total Postage and Fees \$5.58

\$

\$

Sent To

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

0801

14

PORTSMOUTH

OCT 24 2023

Postmark Here

10/24/2023

8

Bethany Taylor &amp; Austin Taylor

573 West Side Road

Bethlehem, NH 03574

**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:

Bethany Taylor & Austin Taylor  
573 West Side Road  
Bethlehem, NH 03574



9590 9402 5437 9189 4236 65

2. Article Number (Transfer from service label)

7019 0700 0001 9457 6688

PS Form 3811, July 2015 PSN 7530-02-000-9047

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

\*Bud Taylor

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/27/23

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

E4H5 E295 0000 0621 0202

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Bethlehem, NH 03574

**OFFICIAL USE**

Certified Mail Fee \$4.35  
 \$3.55  
 Extra Services & Fees (check box, add fee if necessary)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fees \$4.01

Sent To Dalton Valley Drags, LLC

Street and Apt. No., or PO Box No. 104 Douglas Family Drive

City, State, ZIP+4® Bethlehem, NH 03574

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

0801 14  
 Postmark Here  
 10/24/2023

**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:

Dalton Valley Drags, LLC  
 104 Douglas Drive  
 Bethlehem, NH 03574



9590 9402 6256 0265 1250 71

2. Article Number (Transfer from service label)

7020 1290 0000 5873 5443

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee  
 Hayden Ingerson

B. Received by (Printed Name) Hayden Ingerson  
 C. Date of Delivery 11/9/23

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  
☐ Registered Mail  
☐ Registered Mail Restricted Delivery (over \$500)  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

7019 0700 0001 9457 6725

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee **\$4.35**

Extra Services & Fees (check box, add fees to postage)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <b>\$0.00</b>
<input type="checkbox"/> Return Receipt (electronic)	\$ <b>\$0.00</b>
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ <b>\$0.00</b>
<input type="checkbox"/> Adult Signature Required	\$ <b>\$0.00</b>
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ <b>\$0.00</b>

Postage **\$0.66**

**\$5.01** Postage and Fees

Sent To

Street and Apt. No., or PO Box No. **Gathy Coburn & Steve Pinette**  
**103 Pine St**

City, State, ZIP+4® **Mansfield MA, 02048**

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

0801 14

Postmark Here

10/24/2023

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Gathy Coburn & Steve Pinette  
 103 Pine St  
 Mansfield MA, 02048



9590 9402 5437 9189 4237 64

2. Article Number (Transfer from service label)

7019 0700 0001 9457 6725

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/26/23

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
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery (or \$500)

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

7019 1120 0001 2521 8172

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Bethlehem, NH 03574

Certified Mail Fee \$4.35  
 Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fees \$5.01

Sent To

Street and Apt. No., or PO Box No. Bobbi-Sue Baker  
 739 Whitefield Road  
 City, State, ZIP+4® Bethlehem, NH 03574

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:

Bobbi Sue Baker  
 739 Whitefield Road  
 Bethlehem, NH 03574



9590 9402 5437 9189 4237 57

2. Article Number (Transfer from service label)

7019 1120 0001 2521 8172

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent  
☒ Addressee  
 B. Received by (Printed Name) C. Date of Delivery 10/26/23

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

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

Domestic Return Receipt



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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Bethlehem, NH 03574

Certified Mail Fee \$4.35

\$3.55

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

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

\$

Total Postage and Fees

\$8.36

\$

Sent To

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

City, State, ZIP+4®

Randy C. Smith

Po Box 36

Bethlehem, NH 03574

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:

Randy C. Smith  
Po Box 36  
Bethlehem, NH 03574



9590 9402 5437 9189 4237 26

2. Article Number (Transfer from service label)

7019 2280 0001 0348 2371

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Randy Smith

C. Date of Delivery

11/03/23

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

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™

**OFFICIAL USE**

Lisbon, NH 03585

0801


Certified Mail Fee	\$4.35	\$3.55
Extra Services & Fees (check box, add fee)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.66	
<b>Total Postage and Fees</b>	<b>\$8.36</b>	

Postmark Here  
JUL 24 2023

10/24/2023

Sent To: Scott J. Dixon  
Street and Apt. No., or PO Box No.: 58 Berkshire Rd  
City, State, ZIP+4®: Lisbon, NH 03585

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"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Scott J. Dixon 58 Berkshire Rd Lisbon, NH 03585</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7019 2280 0001 0348 2401</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</p> <p><input checked="" type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>

9590 9402 5437 9189 4236 96

PS Form 3811 July 2015 PSN 7530-02-000-9052 Domestic Return Receipt

7019 2280 0001 0348 2432

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Pelham NH 03076	
<b>OFFICIAL USE</b>	
Certified Mail Fee <b>\$4.35</b>	0801 14
\$ <b>\$3.55</b>	Postmark Here OCT 24 2023
Extra Services & Fees (check box, add fee)	10/24/2023
<input type="checkbox"/> Return Receipt (hardcopy) \$ <b>\$0.00</b>	
<input type="checkbox"/> Return Receipt (electronic) \$ <b>\$0.00</b>	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ <b>\$0.00</b>	
<input type="checkbox"/> Adult Signature Required \$ <b>\$0.00</b>	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ <b>\$0.00</b>	
Postage <b>\$0.66</b>	
\$ <b>\$8.56</b>	
Total Postage and Fees	
Sent To	
Street and Apt. No., or PO Box No. Christopher & Leanne Witkowski	
30 Garland Drive	
City, State, ZIP+4® Pelham NH, 03076	
PS Form 3800, April 2015 PSN 7530-02-000-90347 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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:</p> <p>Christopher &amp; Leanne Witkowski 30 Garland Drive Pelham NH, 03076</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 2280 0001 0348 2432</p>	<p>3. Service Type</p> <p><input checked="" 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 checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>Insured Mail Restricted Delivery (over \$500)</p>

7019 2280 0001 0348 2388

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Somerville, MA 02144

Certified Mail Fee \$4.35

\$3.55

Extra Services & Fees (check box, add fee)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$

Postage \$0.66

\$0.56 Package and Fees

\$

Sent To

Street and Apt. No., or PO Box No. Valente, Cosmo J.

City, State, ZIP+4® 24 High Street  
Somerville, MA 02144

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

0801 14

Postmark Here

10/24/2023

**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:**

Valente, Cosmo J.  
 24 High Street  
 Somerville, MA 02144



9590 9402 5437 9189 4237 19

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

7019 2280 0001 0348 2388

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

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



7019 2280 0001 0348 2395

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Foxborough, MA 02035

OFFICIAL USE

Certified Mail Fee \$4.35

Extra Services &amp; Fees (check box, add fee) \$3.55

☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66

Total Postage and Fees \$8.56

Sent To

Street and Apt. No., or PO Box No. Karen L. Burrill-Murray  
 24 Maple Ave  
 City, State, ZIP+4® Foxborough, MA 02035

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:

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



9590 9402 5437 9189 4237 02

2. Article Number (Transfer from service label)

7019 2280 0001 0348 2395

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Karen Burrill-Murray*  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*K. Burrill-Murray*  
 C. Date of Delivery 10/24/23

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

Domestic Return Receipt

7006 3450 0000 8527 9600

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark  
 NOV - 3 2006  
 USPS

Sent To  
 State of N.H. Dept. Resources & Econ.  
 Street, Apt. No.,  
 or PO Box No. 172 Pembroke Road  
 City, State, ZIP+4 Concord, NH 03301

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Adam G. Goff</i> <input type="checkbox"/> Agent  <i>Aaron Y. Goff</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery          11-6</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>1. Article Addressed to:</p> <p>NH Dept. Resources &amp; Econ.          172 Pembroke Road          Concord, NH 03301</p> <p></p> <p>9590 9402 8469 3186 6714 70</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7006 3450 0000 8527 9600</p>	

PS Form 3811 July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.  
 Littleton, NH 03561

Certified Mail Fee \$4.35  
 Extra Services & Fees (check box, add fees if appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.66  
 Total Postage and Fees \$5.01



Sent To  
 Street and Apt. No., or PO Box No. Crowe Family Investments, LLC  
 932 Union Street PO Box 455  
 City, State, ZIP+4® Littleton, NH 03561

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:

Crowe Family Investments, LLC  
 932 Union Street PO Box 455  
 Littleton, NH 03561



9590 9402 8469 3186 6715 79

2. Article Number (Transfer from service label)

7019 0700 0001 5841 6395

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent ☒ Addressee

B. Received by (Printed Name) R. Crowe C. Date of Delivery 10/26

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

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
  - ☐ Registered Mail
  - ☐ Registered Mail Restricted Delivery
  - ☐ Signature Confirmation™
  - ☐ Signature Confirmation Restricted Delivery
  - ☐ Priority Mail Express®
  - ☐ Registered Mail™
  - ☐ Registered Mail Restricted Delivery
  - ☐ Signature Confirmation™
  - ☐ Signature Confirmation Restricted Delivery

7019 0700 0001 5841 6401

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee \$4.35

Extra Services & Fees (check box, add fee)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.66

**Total Postage and Fees \$0.66**

Sent To

Street and Apt. No., or PO Box No. Debra L. Kelleher

City, State, ZIP+4® 825 Whitefield Road  
Bethlehem, NH 03574

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

Postmark: 10/24/2023

**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:

Debra L. Kelleher  
 825 Whitefield Road  
 Bethlehem, NH 03574

9590 9402 8469 3186 6715 62

2. Article Number (Transfer from service label)  
 7019 0700 0001 5841 6401

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ Agent  
☒ Addressee

B. Received by (Printed Name)  
 Wanda T. Kelleher

C. Date of Delivery  
 10/28/23

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

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery	



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Littleton, NH 03561

OFFICIAL USE

Postage	\$4.35
Certified Fee	\$3.55
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$8.56



Sent To  
 Street, Apt. No., or PO Box No. Elizabeth R. Kober, Trustee  
 279 Wilkins Farm Rd  
 City, State, ZIP+4 Littleton, NH 03561

PS Form 3800, August 2006

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:**

Elizabeth R. Kober, Trustee  
 279 Wilkins Farm Rd  
 Littleton, NH 03561



9590 9402 8469 3186 6715 55

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

7006 3450 0000 8527 9525

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X

*[Signature]*

☐ Agent

☒ Addressee

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

HENRY KOBER

**C. Date of Delivery**

11/06/23

**D. Is delivery address different from item 1? If YES, enter delivery address below:**

☐ Yes  
☒ 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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (per \$500)

7006 3450 0000 8527 9532

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Littleton, NH 03561

Postage \$4.35

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

\$3.55

\$0.00

\$0.00

\$0.00

\$0.00

\$0.66

\$8.56



Sent To

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

City, State, ZIP+4

Bryan Koplow & Rachel Koplow

1322 Manns Hill Road

Littleton, NH 03561

PS Form 3800, August 2006

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:

Bryan Koplow & Rachel Koplow  
 1322 Manns Hill Road  
 Littleton, NH 03561



9590 9402 8469 3186 6715 48

2. Article Number (Transfer from service label)

7006 3450 0000 8527 9532

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *B. Koplow*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*B. Koplow*

C. Date of Delivery

*10/28*

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

or \$5001

☐ Priority Express®

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☐ Signature Information™

☐ Signature Information

☐ Restricted Delivery

7020 1290 0000 5873 5467

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Osterville, MA 02655

Certified Mail Fee **\$4.35**  
\$  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$ **\$0.00**  
☐ Return Receipt (electronic) \$ **\$0.00**  
☐ Certified Mail Restricted Delivery \$ **\$0.00**  
☐ Adult Signature Required \$ **\$0.00**  
☐ Adult Signature Restricted Delivery \$

0801  
14



Postage **\$0.66**

Total Postage and Fees **\$5.58**

Sent To **Leblanc Family Trust**  
Street and Apt. No., or P.O. Box No. **132 Chine Way**  
City, State, ZIP+4® **Osterville, MA 02655**

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:

**Leblanc Family Trust  
132 Chine Way  
Osterville, MA 02655**



9590 9402 6256 0265 1251 56

2. Article Number (Transfer from service label)

**7020 1290 0000 5873 5467**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** ☐ Agent  
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery **10/27/23**

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

3. Service Type  
☒ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☒ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail ☐ Registered Mail Restricted Delivery (over \$500)

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**Bethlehem, NH 03574**

**OFFICIAL USE**

Certified Mail Fee \$4.35

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.66

Total Postage and Fees \$8.56

Sent To J.W. Chipping

Street and Apt. No., or PO Box No. 104 Douglas Drive,

City, State, ZIP+4® Bethlehem, NH 03574

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

0801 03807 14

Postmark Here

10/24/2023

7021 0350 0000 3526 5072

**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:

J.W. Chipping  
104 Douglas Drive,  
Bethlehem, NH 03574

2. Article Number (Transfer from service label)  
7021 0350 0000 3526 5072

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x *Haydon Ingerson*

B. Received by (Printed Name)  
*Haydon Ingerson*

C. Date of Delivery  
11/9/23

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

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt



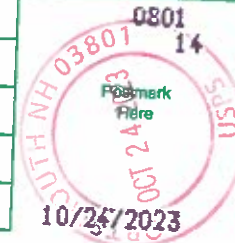
U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Bethlehem, NH 03574

7006 3450 0000 8527 9563

Postage	\$4.35
Certified Fee	\$3.55
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
	\$0.00
Total Postage & Fees	\$8.56



Sent To

J.W. Chipping  
 104 Douglas Drive,  
 Bethlehem, NH 03574

PS Form 3800, August 2006

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:

J.W. Chipping  
 104 Douglas Drive,  
 Bethlehem, NH 03574



9590 9402 8469 3186 6715 17

2. Article Number (Transfer from service label)

7006 3450 0000 8527 9563

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Margaret Engerson* ☒ Addressee

B. Received by (Printed Name)

*Margaret Engerson* 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<sup>®</sup>
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Priority Mail Express<sup>®</sup>
- ☐ Registered Mail<sup>TM</sup>
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation<sup>TM</sup>
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt