

7020 0090 0001 6052 9416

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OFFICIAL USE

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

Postmark
Here

Sent To **Erin Allan**
 Street and Apt. No., or PO Box No. **POB 818**
 City, State, ZIP+4® **05477**

7020 0090 0001 6052 5623

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

Postmark
Here

Sent To **Paul Ashley**
 Street and Apt. No., or PO Box No. **206 Thompson Rd**
 City, State, ZIP+4® **Richmond, VT 05477**

7020 0090 0001 6052 5630

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

Postmark
Here

Sent To **Robert Allen**
 Street and Apt. No., or PO Box No. **160 Hilltop Cir**
 City, State, ZIP+4® **Richmond, VT 05477**

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

Postmark
Here

Sent To **David Ashley**
 Street and Apt. No., or PO Box No. **160 Palmer Rd**
 City, State, ZIP+4® **Hinesburg, VT 05461**

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

Postmark
Here

Sent To **Stephen Ackerman**
 Street and Apt. No., or PO Box No. **211 Old Farm Rd**
 City, State, ZIP+4® **Richmond, VT 05477**

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Certified Mail Fee		Postmark
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage		
\$		
Total Postage		
\$		
Sent To	Ozzie Berry Jr	
	2447 Hinesburg Rd	
	Richmond, VT 05477	
Street and Apt. No., or P.O. Box No.		
City, State, ZIP+4®		
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage		
\$		
Total Postage		
\$		
Sent To	Jessica & Charles Biggio	
	679 Old County Ln	
	Richmond, VT 05477	
Street and Apt. No., or P.O. Box No.		
City, State, ZIP+4®		
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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage		
\$		
Total Postage		
\$		
Sent To	James Beams	
	334 Grandview Dr	
	Richmond, VT 05477	
Street and Apt. No., or P.O. Box No.		
City, State, ZIP+4®		
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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage		
\$		
Total Postage		
\$		
Sent To	Ellie Bissell	
	242 Robbins Mtn Rd	
	Richmond, VT 05477	
Street and Apt. No., or P.O. Box No.		
City, State, ZIP+4®		
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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage		
\$		
Total Postage		
\$		
Sent To	Eliza Beliveau	
	1231 Kenyon Rd	
	Richmond, VT 05477	
Street and Apt. No., or P.O. Box No.		
City, State, ZIP+4®		
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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____	
<input type="checkbox"/> Return Receipt (electronic)	\$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____	
<input type="checkbox"/> Adult Signature Required	\$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage		
\$		
Total Postage		
\$		
Sent To	Joyce Boutin	
	216 Thompson Rd	
	Richmond, VT 05477	
Street and Apt. No., or P.O. Box No.		
City, State, ZIP+4®		
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Ad	
<input type="checkbox"/> Ac	

Postmark
Here

Postage	\$
Total	\$
Sent To	\$

Steve Bower
65 Wortheim Ln
Richmond, VT 05477

Street and Apt. No., or PO Box No. _____
City, State, ZIP+4® _____

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Postage	\$
Sent To	\$

Catherine Branon
198 Thompson Rd
Richmond, VT 05477

Street and Apt. No., or PO Box No. _____
City, State, ZIP+4® _____

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

Postage	\$
Total Postage	\$
Sent To	\$

Donna & Brian Burnett
88 Hidden Pines Rd
Richmond, VT 05477

Street and Apt. No., or PO Box No. _____
City, State, ZIP+4® _____

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Rec (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signr \$ _____

Adult Signr \$ _____

Postmark
 Here

Postage \$ _____

Total Postage \$ _____

Sent To
 Colby, James & Cori Giroux
 1324 Kenyon Rd
 Richmond, VT 05477

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

City, State, ZIP+4® _____

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signr \$ _____

Adult Signr \$ _____

Postmark
 Here

Postage \$ _____

Total Postage \$ _____

Sent To
 Peggy & Peter Curtis
 PO Box 577
 Richmond, VT 05477

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

City, State, ZIP+4® _____

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signr \$ _____

Adult Signr \$ _____

Postmark
 Here

Postage \$ _____

Total Postage \$ _____

Sent To
 COLE TRUSTEE, CYNTHIA
 COLE TRUST, CYNTHIA
 1062 WILLIAMS HILL ROAD
 RICHMOND, VT 05477

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

City, State, ZIP+4® _____

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Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signr \$ _____

Adult Signr \$ _____

Postmark
 Here

Postage \$ _____

Total Postage \$ _____

Sent To
 CORNELL, JOHN E & ELAINE S
 964 WILLIAMS HILL ROAD
 RICHMOND VT 05477

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

City, State, ZIP+4® _____

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

Postmark
Here

Postage \$

Total Postage \$

Sent To

DESAUTELS, THOMAS P & CATHERINE C
461 WILLIAMS HILL ROAD
RICHMOND VT 05477

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

City, State, ZIP+4®

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

Postmark
Here

Postage \$

Total Postage \$

Sent To

Nancy Devaux
69 Farr Rd
Richmond, VT 05477

Street and Apt.

City, State, ZIP+4®

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

Postmark
Here

Postage \$

Total Postage \$

Sent To

William Donovan
PO Box 365
Richmond, VT 05477

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

City, State, ZIP+4®

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return	\$
<input type="checkbox"/> Certif	\$
<input type="checkbox"/> Adult	\$
<input type="checkbox"/> Adult Sign	\$

Postmark
Here

Postage \$

Total Postage \$

Sent To

Joseph Doppman
1722 Kenyon Rd
Richmond, VT 05477

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

City, State, ZIP+4®

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

Postmark
Here

Postage \$

Total Postage \$

Sent To

Cheryl Dowd
2713 Hinesburg Rd
Richmond, VT 05477

Street and Apt.

City, State, ZIP+4®

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

Postmark
Here

Postage \$

Total Postage \$

Sent To

Judy & Carl Driscoll
127 Palmer Rd
Hinesburg, VT 05461

Street and Apt.

City, State, ZIP+4®

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return	
<input type="checkbox"/> Cert	
<input type="checkbox"/> Adult	
<input type="checkbox"/> Adult Sig	
Postage	DRUMM ERIK
\$	
Total Postage	GORACY LAUREN
\$	
Sent To	213 SWAMP RD
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified		
<input type="checkbox"/> Adult Sig		
<input type="checkbox"/> Adult Sig		
Postage	Matt Dyer	
\$		
Total Postage	1147 East Main St	
\$		
Sent To	Richmond, VT 05477	
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Rec	
<input type="checkbox"/> Certified M	
<input type="checkbox"/> Adult Sign	
<input type="checkbox"/> Adult Sign	
Postage	Nancy Dutil
\$	
Total Postage	113 Dutil Ln
\$	
Sent To	Richmond, VT 05477
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult		
<input type="checkbox"/> Adult		
Postage	Wendall & Sharon Dwire	
\$		
Total Postage	PO Box 234	
\$		
Sent To	Richmond, VT 05477	
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

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

Postmark
Here

Postage	\$
Total Postage at	EVANS-FIRST, JENNIFER
\$	FIRST, RICHARD
Sent To	1192 WILLIAMS HILL RD
Street and Apt. No.	RICHMOND VT 05477
City, State, ZIP+4®	

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified	
<input type="checkbox"/> Adult S	
<input type="checkbox"/> Adult S	

Postage	\$
Total Post	Keith & Connie Engle
\$	403 Collins Mtn Rd
Sent To	Richmond, VT 05477

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

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signa	\$	
<input type="checkbox"/> Adult Signa	\$	
Postage		
\$		
Total Postag		
\$		
Sent To		
Chuck & Terry Farr 435 Cemetery Rd Richmond, VT 05477		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Sign	\$	
<input type="checkbox"/> Adult Sign	\$	
Postage		
\$		
Total Posti		
\$		
Sent To		
FILKORN, ERIK & ELIZABETH 1379 WILLIAMS HILL RD RICHMOND VT 05477		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
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\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signr	\$	
Postage		
\$		
Total Postag		
\$		
Sent To		
Erin & Ashley Farr 400 Huntington Rd Richmond, VT 05477		
Street and Ap		
City, State, ZIP+4®		
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\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Sign	\$	
<input type="checkbox"/> Adult Sign	\$	
Post		
\$		
Tot		
\$		
Set		
Judy Fitzgerald PO Box 727 Richmond, VT 05477		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
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\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signa	\$	
Postage		
\$		
Total Postag		
\$		
Sent To		
Peggy Farr 112 Huntington Rd Richmond, VT 05477		
Street and A		
City, State, ZIP+4®		
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

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\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certi	\$	
<input type="checkbox"/> Adul	\$	
<input type="checkbox"/> Adul	\$	
Postage		
\$		
Total Pi		
\$		
Sent To		
Stacey & Brian Fitzpatrick 618 Cemetery Rd Richmond, VT 05477		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Sign	\$
<input type="checkbox"/> Adult Sign	\$

Postmark
Here

Postage \$

Total Postage \$

Sent To \$

Joyce Foley
44 Meadow Ln
Richmond, VT 05477

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

City, State, ZIP+4®

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Rec	\$
<input type="checkbox"/> Certified M	\$
<input type="checkbox"/> Adult Sign	\$
<input type="checkbox"/> Adult Sign	\$

Postmark
Here

Postage \$

Total Postage \$

Sent To \$

Lorna & William Fortune
695 Stage Rd
Richmond, VT 05477

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

City, State, ZIP+4®

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

Postmark
Here

Postage \$

Total Postage \$

Sent To \$

FOOTE MICHAEL
BRODIE RACHEL
131 SWAMP RD

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

City, State, ZIP+4®

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

Postmark
Here

Postage \$

Total Postage \$

Sent To \$

Maurice Forcier
1576 Wes White Hill
Richmond, VT 05477

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

City, State, ZIP+4®

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signr _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Gale Hansen-Patenaude
 George Patenaude
 2373 Hinesburg Rd
 Richmond, VT 05477

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

City, State, ZIP+4®

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signr _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 GILBERT, PATRICIA
 343 PALMER LN
 RICHMOND VT 05477

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

City, State, ZIP+4®

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signr _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Lisa Gannon & Lee Harnois
 1588 Wes White Hill
 Richmond, VT 05477

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

City, State, ZIP+4®

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signr _____

Postage
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Total Postage
 \$ _____

Sent To
 Ave & Glen Glasstetter
 655 Hillview Rd
 Richmond, VT 05477

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

City, State, ZIP+4®

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signr _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Virginia & George Gifford +
 PO Box 451
 Richmond, VT 05477

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

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Ann Kruger

Postmark Here

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signr _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Wes Grove
 1724 Kenyon Rd
 Richmond, VT 05477

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

City, State, ZIP+4®

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

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

Postmark

Postage
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Total Postage
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Street
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HAGAN, JAMES E & SHELLEY M
885 WILLIAMS HILL RD
RICHMOND VT 05477

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

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

Postmark Here

Postage
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Total Postage
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Street
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Lorraine Hallock
287 East Hill Rd
Richmond, VT 05477

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

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

Postmark Here

Postage
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Total Postage
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Street
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Betsy Hardy
PO Box 209
Richmond, VT 05477

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

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

Postmark Here

Postage RICHMOND VT 05477
\$

Total Postage
\$

Sent To
\$

Street
\$

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HATHAWAY, BRUCE C & JOAN A
787 WILLIAMS HILL ROAD
RICHMOND VT 05477

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

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

Postmark Here

Postage
\$

Total Postage
\$

Sent To
\$

Street
\$

City, State, ZIP+4®

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HANLEY, TODD P
PO BOX 645
RICHMOND VT 05477

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

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

Postmark Here

Postage
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Total Postage
\$

Sent To
\$

Street
\$

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HAWKINS, MICHAEL J & DIANE
911 WILLIAMS HILL RD
RICHMOND VT 05477

7020 0090 0001 6052 6170

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

Sent To: HETZEL, GUNTHER K & KRISTINA
 593 WILLIAMS HILL RD
 RICHMOND VT 05477

City, State, ZIP+4®

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

Sent To: HOFF, JEREMY D & SARAH H
 1064 WILLIAMS HILL RD
 RICHMOND VT 05477

City, State, ZIP+4®

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

Sent To: HILLS, LARRY R
 VOSSLER, JANE M
 1342 WILLIAMS HILL RD
 RICHMOND VT 05477

City, State, ZIP+4®

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

Sent To: Timothy & Laura Hoopes
 116 Palmer Rd
 Hinesburg, VT 05461

City, State, ZIP+4®

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

Sent To: HINESBURG SELECTBOARD
 TOWN OF HINESBURG
 10632 VT ROUTE 116
 HINESBURG, VT 05461

City, State, ZIP+4®

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

Sent To: Mary Houle
 2614 Cochran Rd
 Richmond, VT 05477

City, State, ZIP+4®

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 Clare Jacobs
 204 Thompson Rd
 Richmond, VT 05477

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

City, State, ZIP+4®

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 John & Jeremy Johnston
 451 Hidden Pines Cir
 Richmond, VT 05477

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

City, State, ZIP+4®

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 John & Cecilia Jancola
 86 Old County Ln
 Richmond, VT 05477

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

City, State, ZIP+4®

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 Zoe Jilleen
 200 Thompson Rd
 Richmond, VT 05477

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

City, State, ZIP+4®

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Certified Mail Fee
 \$ _____

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

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

Postmark
Here

Postage
\$ _____

Total Postage
\$ _____

Sent To
Rick Kelemen
Po Box 344
Jonesville, VT 05466

Street and

City, State, ZIP+4®

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Certified Mail Fee
 \$ _____

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

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

Postmark
Here

Postage
\$ _____

Total Postage
\$ _____

Sent To
John & Kea Kohlmeyer
48 Cemetery Rd
Richmond, VT 05477

Street and

City, State, ZIP+4®

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Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Bruce LaBounty
 135 LaBounty Ln
 Richmond, VT 05477

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

7020 1290 0000 5401 0121

U.S. Postal Service
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Frank Lapointe
 2061 Huntington Rd
 Richmond, VT 05477

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

7020 1290 0000 5401 0186

U.S. Postal Service
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Donna LaBounty
 194 Thompson Rd
 Richmond, VT 05477

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

7020 1290 0000 5401 0124

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 LAPOINTE, WILHELM & KIM
 1181 WILLIAMS HILL ROAD
 RICHMOND VT 05477

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

7020 1290 0000 5401 0209

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 Nancy Ladewack

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

City, State, ZIP+4®
 0173 05477

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

7020 1290 0000 5401 0087

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
 LASHELLE JASON
 LASHELLE AMY
 341 PALMER LN
 RICHMOND VT 05477

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

7020 1290 0000 5401 0070

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OFFICIAL USE

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 Chris, Jose, Jasmine & Jade Leavitt
 228 Palmer Rd
 Hinesburg VT 05461

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

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7020 1290 0000 5401 0155

U.S. Postal Service
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OFFICIAL USE

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 LINN, AUDREY TRUST + John
 572 WILLIAMS HILL RD
 RICHMOND VT 05477

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

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7020 1290 0000 5401 0100

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 Paul & Brenda Leible
 358 East Hill Rd
 Richmond, VT 05477

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

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7020 1290 0000 5401 0148

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

OFFICIAL USE

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 LINN JOHN
 1140 WILLIAMS HILL RD
 RICHMOND VT 05477

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

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7020 1290 0000 5401 0117

U.S. Postal Service
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 LEUGERS, JAMES M & MARY M
 PO BOX 182
 RICHMOND VT 05477

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

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

7020 1290 0000 5401 0131

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

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

Postmark Here

Postage
 \$
 Total Postage
 \$

Sent To
 LINN, JOSEPH L & LORI MD
 1103 WILLIAMS HILL RD
 RICHMOND VT 05477

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

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions

U.S. Postal Service
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7020 1290 0000 5401 0193

For delivery status visit usps.com



Recipient Name
Ce Colin Low
\$
Ext 2101 Wes White Hill
 Richmond, VT 05477

k

Postage
\$ Teagan Low
Total 2101 Wes White Hill
\$ Sent Richmond, VT 05477

Street _____
City, State, ZIP+4® _____

7020 1290 0000 5401 0223

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

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Postmark Here

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 \$ _____

Street and Apt.

City, State, ZIP+4®

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

Doreen Marquis
PO Box 1106
Richmond, VT 05477

7020 1290 0000 5401 0285

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Postmark Here

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 \$ _____

Street and Apt.

City, State, ZIP+4®

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

Don & Bonnie Morin
142 Mountain View Rd
Richmond, VT 05477

7020 1290 0000 5401 0216

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Postmark Here

Postage
 \$ _____

Total Postage
 \$ _____

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

Barbara Jill Martin
615 Cemetery Rd
Richmond, VT 05477

7020 1290 0000 5401 0230

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Postmark Here

Postage
 \$ _____

Total Postage
 \$ _____

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

Alice & Mark Moultroupe
3664 Huntington Rd
Richmond, VT 05477

7020 1290 0000 5401 0254

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Postmark Here

Postage
 \$ _____

Total Postage
 \$ _____

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

MOORE PETER J
MOORE LOUISA R
1272 WILLIAMS HILL RD
RICHMOND VT 05477

7020 1290 0000 5401 0278

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Postmark Here

Postage
 \$ _____

Total Postage
 \$ _____

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

Deborah & Jeffrey Moultroupe
3637 Huntington Rd
Richmond, VT 05477

7020 1290 0000 5401 0292

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

OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Henry & Charlotte Moultrou
 3602 Huntington Rd
 Richmond, VT 05477

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

7020 1290 0000 5401 0247

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Terry Moultrou
 3190 Huntington Rd
 Richmond, VT 05477

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

7020 1290 0000 5401 0261

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OFFICIAL USE

Certified Mail Fee
 \$ _____

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

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

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 Glenn & Karen Murray
 Margaret & Joseph Haskins
 422 Wortheim Ln
 Richmond VT 05477

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

7020 1290 0000 5401 0308

U.S. Postal Service
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OFFICIAL USE

Certified Mail Fee

\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark

Postage

\$ _____

Total Postage

\$ _____

Sent To

Ann Greenan Naumann
127 Tilden Ave
Richmond, VT 05477

Street and A

City, State, ZIP+4®

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

7020 1290 0000 5401 0315

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$ _____

Total

\$ _____

Sent To

Lowell Nelson
260 Old County Ln
Richmond, VT 05547

Street

City, State, ZIP+4®

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

7020 1290 0000 5401 0322

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OFFICIAL USE

Certified Mail Fee

\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Required \$ _____

Postage

\$ _____

Total Postage

O'NEAL, KEVIN WOLFFERT

ELLINSWORTH, LINDA

Sent To

642 PALMER LANE

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9000-9 See Reverse for Instructions

Postmark

7020 1290 0000 5401 0339

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OFFICIAL USE

Certified Mail Fee

\$ _____

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

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Required \$ _____

Postage

\$ _____

Total Postage

Scott, Abigail & Sophie O'Neil

140 Wolf Ln

Sent To

Richmond, VT 05477

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9000-9 See Reverse for Instructions

Postmark
Here

7020 0090 0001 6052 5548

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OFFICIAL USE

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

Postmark Here

Postage
\$
Total Postage \$

Sent To PALMER DONALD TRUSTEE *05495*
PALMER LAUREL TRUSTEE *0595*
10 TYLER WAY #216
City, State, ZIP+4®

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

7020 0090 0001 6052 5555

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OFFICIAL USE

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

Postmark Here

Postage
\$
Total Postage \$

Sent To PARKE E LAUCK TRUSTEE
PARKE ELIZABETH H TRUSTEE
1360 WILLIAMS HILL RD
RICHMOND VT 05477
City, State, ZIP+4®

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

7020 0090 0001 6052 5562

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OFFICIAL USE

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

Postmark Here

Postage
\$
Total Postage \$

Sent To WILLISTON VT *05495*
WH 13100
PARKE ELIZABETH CHAMBERLIN *05477*
PARKE JULIA REYNOLDS
% PARKE E LAUCK
City, State, ZIP+4®

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

7020 0090 0001 6052 5616

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OFFICIAL USE

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

Postmark Here

Postage
\$
Total Postage \$

Sent To PARKER-WATERS, LINDSEY
PO BOX 186
RICHMOND VT 05477
City, State, ZIP+4®

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

7020 0090 0001 6052 5654

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OFFICIAL USE

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

Postmark Here

Postage
\$
Total Postage \$

Sent To Julia Parke
228 Henry St #4
Brooklyn, NY 11201
City, State, ZIP+4®

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

7020 0090 0001 6052 5551

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OFFICIAL USE

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

Postmark Here

Postage
\$
Total Postage \$

Sent To PARMLY, O WOLCOTT W & IRENE M
LANDELL, MARCELLA & JONATHAN
531 WILLIAMS HILL RD
RICHMOND VT 05477 *05477*
City, State, ZIP+4®

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

7020 0090 0001 6052 5586

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Post	\$
Sent To	Danielle & Paul Petralia
Street and	448 Sadlar Meadow Rd
City, State, ZIP+4®	Richmond, VT 05477

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

7020 0090 0001 6052 5579

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Post	\$
Sent To	David & Alice Prince
Street and	PO Box 346
City, State, ZIP+4®	Richmond, VT 05477

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

7020 0090 0001 6052 5592

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Post	\$
Sent To	Cheryl Powers & Karen Duncan
Street and	171 Lemroy Ct
City, State, ZIP+4®	Richmond, VT 05477

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

7020 0090 0001 6052 5524

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Post	\$
Sent To	PRESTON FAMILY LIVING TRUST
Street and	PRESTON NEIL & LORI TRUSTEES
City, State, ZIP+4®	878 WILLIAMS HILL ROAD 05477

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

7020 1290 0000 5401 0377

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OFFICIAL USE

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

Postmark
Here

Postage \$
Total Postage \$
Sent To James Ritchie
639 Wortheim Ln
Richmond, VT 05477

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

7020 1290 0000 5401 0346

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OFFICIAL USE

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

Postmark
Here

Postage \$
Total Postage \$
Sent To Charlene Roberge
556 Hidden Pines Cir
Richmond, VT 05477

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

7020 1290 0000 5401 0353

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OFFICIAL USE

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

Postmark
Here

Postage \$
Total Postage \$
Sent To ROGERS, PAUL G & STEPHANIE M
746 WILLIAMS HILL ROAD
RICHMOND VT 05477

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

7020 1290 0000 5401 0360

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OFFICIAL USE

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

Postmark
Here

Postage \$
Total Postage \$
Sent To Margaret Roland
1090 East Hill Rd
Richmond, VT 05477

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

7020 1290 0000 5401 0384

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OFFICIAL USE

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

Postmark
Here

Postage \$
Total Postage \$
Sent To Deborah Roderer
340 Stonefence Rd
Richmond, VT 05477

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

7020 1290 0000 5401 0391

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OFFICIAL USE

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

Postmark
Here

Postage \$
Total Postage \$
Sent To John Rosenfeld
PO Box 323
Jonesville VT 05466

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

7020 1290 0000 5401 0179

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services	
<input type="checkbox"/> Return Receipt	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage	\$
Sent To	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

STOCKWELL, STEVEN & ROBIN
59 SWAMP RD
RICHMOND VT 05477

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

7020 1290 0000 5401 0407

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage	\$
Sent To	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

SUMNER, BETH E/KOPF JR, LAWRENCE
SUMNER KOPF FAMILY LIVING TRUST
84 WILLIAMS HILL ROAD

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

7020 1290 0000 5401 0452

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage	\$
Sent To	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

Ian & Jenn Sutton
444 East Hill Rd
Richmond, VT 05477

Postmark Here

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7020 1290 0000 5401 0445

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OFFICIAL USE

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

Postmark
Here

Postage	
Total Postage	
Sent To	Paula Sue Sawyers 121 Church St Richmond, VT 05477
Street and Apt. No.	
City, State, ZIP+4®	

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

7020 1290 0000 5401 0414

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

Postmark
Here

Postage	
Total Postage	
Sent To	Daniel & Marcella Singer 1233 Kenyon Rd Richmond, VT 05477
Street and Apt. No.	
City, State, ZIP+4®	

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

7020 1290 0000 5401 0162

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Rec	
<input type="checkbox"/> Certified M	
<input type="checkbox"/> Adult Signa	
<input type="checkbox"/> Adult Signa	

Postage	
Total Postage	
Sent To	SEGOVIA PEDRO SEGOVIA CATHLENE 215 SWAMP RD 05461
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

7020 1290 0000 5401 0421

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OFFICIAL USE

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

Postmark
Here

Postage	
Total Postage	
Sent To	Fran Smith 210 Thompson Rd Richmond, VT 05477
Street and Apt. No.	
City, State, ZIP+4®	

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

7020 1290 0000 5401 0469

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OFFICIAL USE

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

Postmark
Here

Postage	
Total Postage	
Sent To	Bruce & Elizabeth Singer 1773 Kenyon Rd Richmond, VT 05477
Street and Apt. No.	
City, State, ZIP+4®	

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

7020 1290 0000 5401 0438

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Rec	
<input type="checkbox"/> Certified M	
<input type="checkbox"/> Adult Sign	
<input type="checkbox"/> Adult Sign	

Postmark
Here

Postage	
Total Postage	
Sent To	Anthony Charles Spencer PO Box 45 Richmond, VT 05477
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 Instruction

7020 1290 0000 5401 0537

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Postage and Fees	\$
Sent To	Tabasko
Street and Apt. No., or PO Box No.	65 Beauty Ln
City, State, ZIP+4®	05477

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

7020 1290 0000 5401 0490

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Postage and Fees	\$
Sent To	Matthew & Patricia Tourville
Street and Apt. No., or PO Box No.	434 West Main St
City, State, ZIP+4®	Richmond, VT 05477

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

7020 1290 0000 5401 0506

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Postage and Fees	\$
Sent To	Peter & Juliet Thomas
Street and Apt. No., or PO Box No.	498 Cemetery Rd
City, State, ZIP+4®	Richmond, VT 05477

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

7020 1290 0000 5401 0483

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Postage and Fees	\$
Sent To	Rachel & Ralph Towers
Street and Apt. No., or PO Box No.	3912 Huntington Rd
City, State, ZIP+4®	Richmond, VT 05477

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

7020 1290 0000 5401 0476

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Postage and Fees	\$
Sent To	John Thoubboron
Street and Apt. No., or PO Box No.	175 Hidden Pines Cir
City, State, ZIP+4®	Richmond, VT 0477

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

7020 1290 0000 5401 0513

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OFFICIAL USE

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

Postmark
Here

Postage	\$
Total Postage and Fees	\$
Sent To	Golden True
Street and Apt. No., or PO Box No.	192 Thompson Rd
City, State, ZIP+4®	Richmond, VT 05477

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

7020 1290 0000 5401 0544

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Certified Mail Fee

\$

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

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

Postmark
Here

Postage

\$

Total P

\$

Sent To

Street a

City, Sta.

Jamie Valyou
180 Hillview Rd
Richmond, VT 05477

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

See Reverse for Instructions

7020 1290 0000 5401 0551

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Certified Mail Fee

\$

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

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- A
- A

Postmark
Here

Post

\$

Total

\$

Sent

VT FORESTS PARKS & REC
1 NATIONAL LIFE DR DAVIS 2
MONTPELIER, VT 05620-3801

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

720 1290 0000 5401 0575

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OFFICIAL USE

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage		
\$		
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

Steven Ward
 404 Hidden Pines Cir
 Richmond, VT 05477

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

720 1290 0000 5401 0568

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage		
\$		
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

Susan & Ed Wells
 44 Cochran Rd
 Richmond, VT 05477

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720 1290 0000 5401 0605

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OFFICIAL USE

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage		
\$		
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

Mary Anne Warren
 PO Box 491
 Richmond, VT 05477

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

720 1290 0000 5401 0582

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Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage		
\$		
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

Donald White
 190 Thompson Rd
 Richmond, VT 05477

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

720 1290 0000 5401 0520

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OFFICIAL USE

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage		
\$		
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

WEBSTER, JASON D & KATHERINE P
 375 WILLIAMS HILL RD
 RICHMOND VT 05477

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

720 1290 0000 5401 0599

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OFFICIAL USE

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage		
\$		
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		

June Wilkinson
 202 Thompson Rd
 Richmond, VT 05477

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

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7020 1290 0000 5401 0629

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

Postmark
Here

Post
\$
Total James Young
\$ 3147 Dugway Rd
Sen Richmond, VT 05477
Stre

City, State, ZIP+4®

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

See Reverse for Instructions

7009 2250 0002 8354 4472

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

Postmark Here

Total Postage: KeyBank National Association

Sent To: 127 Public Square
 Cleveland, OH 44114-1306

Street, Apt. or PO Box
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0002 8354 4540

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

Postmark Here

Total Postage: Merchants Bank

Sent To: 275 Kennedy Dr
 Soo Burlington, VT 05403

Street, Apt. or PO Box
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0002 8354 4571

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

Postmark Here

Total Postage: New England Federal Credit Union

Sent To: PO Box 527
 Williston, VT 05495

Street, Apt. or PO Box
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0002 8354 4502

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

Postmark Here

To: Bank of America PHH Mortgage

Sent To: 5201 Gate Parkway
 Jacksonville, FL 32256

Street, Apt. or PO Box
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0002 8354 4595

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

Postmark Here

Total Postage: Fairway Independent Mortgage

Sent To: 4201 Marsh Ln
 Carrollton, TX 75007

Street, Apt. or PO Box
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0002 8354 4526

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

Postmark Here

To: GMAC MORTGAGE LLC

Sent To: 3200 Park Center Dr Suite 150
 Costa Mesa, CA 92626

Street, Apt. or PO Box
 City, State, ZIP+4

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7009 2250 0002 8354 4533

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

Postmark
Here

Total
Sent
Opportunities Credit Union
25 Winooski Falls Way Suite 203
Winooski, VT 05404
Street or PO
City, State

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0002 8354 4586

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

Postmark
Here

Total
Sent
Northfield Savings Bank
33 South Main St
Northfield, VT 05663
Street or PO
City, State

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0002 8354 4519

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

Postmark
Here

Total
Sent
Primelending
18111 Preston Rd Suite 900
Dallas, TX 75252
Street or PO
City, State

PS Form 3800, August 2006 See Reverse for Instructions

7009 2250 0002 8354 4557

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

Postmark
Here

Total
Sent
Northeast Home Loan LLC
80 Flat Street Suite 107
Brattleboro, VT 05301
Street or PO
City, State

PS Form 3800, August 2006 See Reverse for Instructions

7020 0090 0001 6052 5449

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

Postmark
Here

Postage
Total Postage
\$
Sent To
TD Bank N.A.
32 Chestnut St
Lewiston, ME 04240
Street and
City, State

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

7020 1290 0000 5401 0636

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

Postmark
Here

Postage
Total Postage and Fees
\$ No. Country Fed. CU
Sent To
PO Box 64709
Street and Apt. No., or PO Box No.
Lewiston, ME 05406
City, State ZIP+4

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

7009 2250 0002 8354 4496

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

Postmark
Here

Total Postage

Sent To
Title Mortgage Solution
7 Lebanon St Suite 105
Hanover, NH 03755

PS Form 3800, August 2006

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7009 2250 0002 8354 4564

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

Postmark
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Total Postage

Sent To
VT State Employees Credit Union
PO Box 67
Montpelier, VT 0561-0067

PS Form 3800, August 2006

See Reverse for Instructions

7009 2250 0002 8354 4489

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

Postmark
Here

Total Postage

Sent To
Union Bank
PO Box 667
Morrisville, VT 05661

PS Form 3800, August 2006

See Reverse for Instructions

7009 2250 0002 8354 4601

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

Postmark
Here

Total Postage

Sent To
USAA Federal Savings Bank
10750 McDermott Freeway
San Antonio, TX 78288

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