7005 3110 0000 5448 3386

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

OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

DOVER DE 19901 JUL 07 2006

Sent To Susan Allen &Teryl O Carlisle
Street, Apt. No.; or PO Box No. 27278 William Street Rd
City, State, ZIP+4 Millsboro, DE 19966

PS Form ... Instructions

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Susan Allen &Teryl O Carlisle
27278 William Street Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 3110 0000 5448 3386

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 8723

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Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

LITTLE CREEK DE 19961
Postmark Here
OCT 28 2008
USPS

Sent To: Leon Carl & Delores Anderson
Street, Apt. No.; or PO Box No. 26270 Gravel Hill Rd
City, State, ZIP+4 Millsboro, DE 19966

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Leon Carl & Delores Anderson
26270 Gravel Hill Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Allan M. Anderson ☐ Agent ☐ Addressee

B. Received by (*Printed Name*): Allan M. Anderson
C. Date of Delivery: 11/6/08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7007 3020 0002 5598 8723

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7005 3110 0000 5448 3072

U.S. Postal Service™
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Postage	$ .42
Certified Fee	2.20
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

Sent To: William B & Kathleen J Askew
Street, Apt. No., or PO Box No.: 7 Croyden Rd
City, State, ZIP+4: Rehoboth Beach, DE 19971

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William B & Kathleen J Askew
7 Croyden Rd
Rehoboth Beach, DE 19971

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 3072

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3102

U.S. Postal Service™
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OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

ER DE 19947

Sent To
Joseph & Barbara Barth
Street, Apt. No.; or PO Box No.
26731 Johnson Rd
City, State, ZIP+4
Georgetown, DE 19947

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Joseph & Barbara Barth
26731 Johnson Rd
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Megan Seiler ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Megan Seiler
C. Date of Delivery 10-30-05

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 3102

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3119

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

Postage	$ 1.45
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

OCT 28 2008 19901

Sent To Norene F Beam
Street, Apt. or PO Box 30818 Hollymount Rd
City, State Harbeson, DE 19951

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Norene F Beam
30818 Hollymount Rd
Harbeson, DE 19951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Norene Beam ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Norene Beam
C. Date of Delivery 10/28/08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number
(*Transfer from service label*) 7005 3110 0000 5448 3119

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3126

U.S. Postal Service™
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OFFICIAL USE

Postage	$ .32
Certified Fee	2.20
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

DE 19907

Sent To: Sandra W. Beckett
Street, Apt. No., or PO Box No.: 3 Summerville Ct
City, State, ZIP+4: Ocean View, DE 19970

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Sandra W. Beckett
3 Summerville Ct
Ocean View, DE 19970

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sandra K Shortall ☐ Agent ☐ Addressee

B. Received by (Printed Name) S Shortall
C. Date of Delivery 10-24-08

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

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 3126

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL™

TIDEWATER
ENVIRONMENTAL SERVICES, INC.
1100 South Little Creek Road
Dover, Delaware 19901

7005 3110 0000 5448 3133

017H15554788
HASLER
$5.32
10/23/2008
Mailed From 19901
US POSTAGE

10-24

Name_____
1st Notice _____
2nd Notice _____
Return_____

Somphone Bou
24773 Broadkill
Milton, DE 199

NIXIE 197 SE 1 72 11/12/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 19901472700 *0927-08200-23-42

19968-19901-94797

7005 3110 0000 5448 3133

U.S. Postal Service™
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OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here
DOVER DE 19901
OCT 23 2008

Sen Somphone Bouaphakeo
Stre or F 24773 Broadkill Rd
City Milton, DE 19968

PS F ... nstructions

Name and Address of Sender
Tidewater Utilities
1100 S. Little Creek Rd
Dover, De 19901

Check type of mail or service:

- ☐ Certified
- ☐ COD
- ☐ Delivery Confirmation
- ☐ Express Mail
- ☐ Insured
- ☐ Recorded Delivery (Int
- ☐ Registered
- ☐ Return Receipt for Me
- ☐ Signature Confirmatio

017H15554788
HASLER
$1.10
11/17/2008
Mailed From 19901
US POSTAGE

LITTLE CREEK DE 1990
NOV 17 2008
USPS

017H15554788
HASLER
$0.10
11/17/2008
Mailed From 19901
US POSTAGE

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	RD Fee	RR Fee
1.	Eva Tingle 28244 Fisher Rd Milton, De 19968	.42		
2.	Heather + Raymond DVP Johnson 28052 Avalon Rd Georgetown, DE 19947	.42		
3.	Somphan Bouphakeo 24773 Broadkill Rd Milton, De 19968	.42		
4.				
5.				
6.				
7.				
8.				

Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)
3	3	Sharon Nocciarato

See Privacy Act Statement on Reverse

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

TIDEWATER
ENVIRONMENTAL SERVICES, INC.
1100 South Little Creek Road
Dover, Delaware 19901

CERTIFIED MAIL™

7005 3110 0000 5448 3140

017H15554788
HASLER
$5.32
10/23/2008
Mailed From 19901
US POSTAGE

Name _____
1st Notice _____
2nd Notice _____
Return _____

NL

10-24
SECOND NOTICE
10-29-08

11.8

Helen Marie Brittingham
22439 Lawson Rd
Georgetown, DE 19947

NIXIE 197 SE 1 72 11/09/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 19901472700 *0927-08556-23-42

19901@4727

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER

Received From:

Tidewater Utilities, Inc.
1100 South Little Creek Road
Dover, DE 19901

One piece of ordinary mail addressed to:
Helen Marie Brittingham
22439 Lawson Rd
Georgetown, DE 19947

LITTLE CREEK
NOV 13 2008
USPS

017H15554788
HASLER
$1.10
11/13/2008
Mailed From 19901
US POSTAGE

PS Form 3817, Mar. 1989

7005 3110 0000 5448 3140

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OFFICIAL USE

Postage	$ .44
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here
DOVER DE 19901

Sent To Helen Marie Brittingham
Street, Apt. or PO Box 22439 Lawson Rd
City, State, Georgetown, DE 19947

PS Form 3 ... ions

7005 3110 0000 5448 3157

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

Postage	$ 2.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

10607

Sent To Bull's Eye Properties LLC
Street, Apt. or PO Box 216 S Bedford St
City, State Georgetown, DE 19947

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Bull's Eye Properties LLC
216 S Bedford St
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Jones ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 10/24/08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 3157

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3164

U.S. Postal Service™
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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

OCT 23 2008

Sent To: Paul Burney
Street, Apt. or PO Box: Margaret Anne Welborn
City, State: 11817 Longdraft Ct
Gaithersburg, MD 20878

PS Form 3 ... ions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Paul Burney
Margaret Anne Welborn
11817 Longdraft Ct
Gaithersburg, MD 20878

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

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

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

DIAMOND PMS BR GAITHERSBURG MD
OCT 27 2008

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 3110 0000 5448 3164

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3171

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Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

Sent To
Bryan L & Shorel D J Clark
Street, Apt. No.; or PO Box No.
28152 Layton Davis Rd
City, State, ZIP+4
Millsboro, DE 19966

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Bryan L & Shorel D J Clark
28152 Layton Davis Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Bryan Clark
C. Date of Delivery 11/1/08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 3171

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 2655

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

OCT 2007

Sent To: Latrina Clark
Street, Apt. No. or PO Box No.: 30876 Angel Ln
City, State, ZIP: Lewes, DE 19958

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Latrina Clark
30876 Angel Ln
Lewes, DE 19958

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 2655

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3188

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here: DOVER DE 19901 OCT 23 2008 USPS

Sent To: John W Clark III & Barbara A Clark
Street, Apt. No., or PO Box No.: 30898 Angel Ln
City, State, ZIP+4: Lewes, DE 19958

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

John W Clark III & Barbara A Clark
30898 Angel Ln
Lewes, DE 19958

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Clark ☐ 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
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 3188

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3195

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

OFFICIAL USE

Postage	$
Certified Fee	2.90
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

DOVER DE 19901

Sent To: Walter A. Collings
Street, or PO: 31013 Holly Lake Road
City, S: Millsboro, DE 19966

PS Fo

SENDER: *COMPLETE THIS SECTION*

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

Article Addressed to:

Walter A. Collings
31013 Holly Lake Road
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Walter Collings ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 10/24/10

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 3195

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3201

U.S. Postal Service™
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OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

Sent To Phillip Cross & Prentice Watkins
Street, Apt. or PO Box 26986 Lewes Georgetown Hwy
City, State Harbeson, DE 19951

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Phillip Cross & Prentice Watkins
26986 Lewes Georgetown Hwy
Harbeson, DE 19951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Philip C ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 10-27-08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 3201

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3225

U.S. Postal Service™
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OFFICIAL USE

Postage	$
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

OCT 24 2008 USPS

Sent To: DE Solid Waste Authority
Street, Apt. No.; or PO Box No.: 1128 S. Bradford St
City, State, ZIP+4: Dover, De 19904

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Delaware Solid Waste Authority
1128 S. Bradford St.
Dover, De 19904

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Reid ☐ Agent ☐ Addressee

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

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

OCT 27 2008

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 3225

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7005 3110 0000 5448 3232

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

Postage	$
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

OCT 24 2008
USPS

Sent To Delmarva Woodlands Alliance LLC
Street, Apt. or PO Box 55 Cascade Ln , Suite A
City, State Rehoboth Beach, DE 19971

PS Form 3800, ... tions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Delmarva Woodlands Alliance LLC
55 Cascade Ln , Suite A
Rehoboth Beach, DE 19971

COMPLETE THIS SECTION ON DELIVERY

A. Signature.
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 10-25

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 3232

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3249

U.S. Postal Service™
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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

OCT 24 2008 USPS

Sent To
Brian H & Linda L Doan
Street, Apt. No. or PO Box No.
7616 Morningstar Ave
City, State, ZIP+4
Harrisburg, PA 17112

PS Form 38... ...ons

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Brian H & Linda L Doan
7616 Morningstar Ave
Harrisburg, PA 17112

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ 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
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 3249

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3256

U.S. Postal Service™
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OFFICIAL USE

Postage	$ 1.42
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	$ 5.52

Postmark Here
OCT 24 2008
USPS

Sent To John H Doerfler Sr & Mary A Doefler
Street, or PO 18588 Cool Spring Rd
City, S Milton, DE 19968

PS Form ... Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John H Doerfler Sr & Mary A Doefler
18588 Cool Spring Rd
Milton, DE 19968

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John H Doerfler Sr ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 3110 0000 5448 3256

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3263

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Sent To William Draine
Street, Apt. or PO Box P.O. Box 881
City, State Millsboro, DE 19966

PS Form ... Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

William Draine
P.O. Box 881
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

MILLSBORO DE 19966 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 3110 0000 5448 3263

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3270

U.S. Postal Service™
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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.30

Postmark Here

OCT 24 2008 USPS

Sent T
Street, or PO
City, S

Harold E Dukes Jr
P.O. Box 151
Georgetown, DE 19947

PS Form ... ructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Harold E Dukes Jr
P.O. Box 151
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 10/27/08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 3270

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3294

U.S. Postal Service™
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OFFICIAL USE

Postage	$ 42
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

DOVER DE 19901 OCT 24 2008 USPS

Sent To: Robert Clifford & Barbara Wanda Farmer
4 Mary Ella Dr
Newark, DE 19711

See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Robert Clifford &
Barbara Wanda Farmer
4 Mary Ella Dr
Newark, DE 19711

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert C. Farmer ☐ Agent ☐ Addressee

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

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

NEWARK DE MAIL SERVICE 2008 USPS 19711

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 3294

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3300

U.S. Postal Service™
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OFFICIAL USE

Postage	$ 4.28
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total P	$ 9.20

Postmark Here

DOVER DE 19901 OCT 24 2008 USP

Sent To Marshall Jr., & Carolyn Ferguson
Street, 209 Jeffrey Drive
or PO B
City, St Middletown, DE 19709

PS Form 3800, June 2002 ...uctions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Marshall Jr., & Carolyn Ferguson
209 Jeffrey Drive
Middletown, DE 19709

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marshall Ferguson ☑ 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
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 3300

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3317

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OFFICIAL USE

Postage	$ 4.28
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 9.30

Postmark Here

DELTA DE 19901 OCT 24 2008 USPS

Sent T
Jude T Flynn
Street, or PO 22088 Harbeson Rd
City, S Harbeson, DE 19951

PS Fo ... ructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Jude T Flynn
22088 Harbeson Rd
Harbeson, DE 19951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jude T Flynn ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 10-27-08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 3317

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 3324

U.S. Postal Service™
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OFFICIAL USE

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

Postmark Here

Oct 24 2008 USPS

Sent To: Lance S Folke
Street, Apt. No.; or PO Box No.: 24199 Lewes Georgetown Hwy
City, State, ZIP+4: Georgetown, DE 19947

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Lance S Folke
24199 Lewes Georgetown Hwy
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 3324

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 8747

U.S. Postal Service™
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OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

USPS Postmark Here NOV 03 2008 DOVER DE 19901

Sent To: Calimera Frederick
Street, Apt. No.; or PO Box No. 21646 Simpler Branch Rd
City, State, ZIP+4 Georgetown, De 19947

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Calimeria Frederick
21646 Simpler Branch Rd
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Paul C. Frederick
C. Date of Delivery 11-4-08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7007 3020 0002 5598 8747

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

7005 3110 0000 5448 4154

U.S. Postal Service™
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OFFICIAL USE

Postage	$ 2
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

DOVER DE 19901 OCT 24 2008 USPS

Sent To Michael E. & Allison Gilgore
Street, A or PO Bo 28867 Mount Joy Road
City, Sta Millsboro, DE 19966

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Michael E. & Allison Gilgore
28867 Mount Joy Road
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Allison Gilgore ☐ Agent ☐ Addressee

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

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

MILLSBORO DE 19966 OCT 28 2008 USPS

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 4154

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4161

U.S. Postal Service™
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OFFICIAL USE

Postage	$ 4.20
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 8.80

Postmark Here
OCT 24 2008
USPS
DELAWARE 19947

Sent To Robert T & Deborah Givens
Street, Apt. No., or PO Box No. 24114 Gravel Hill Rd
City, State, ZIP+4 Georgetown, DE 19947

PS Form ... See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Robert T & Deborah Givens
24114 Gravel Hill Rd
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* RT Givens
C. Date of Delivery 10-25-08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 4161

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4178

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

Postmark Here

OCT 24 2008 USPS

Sent To
Joseph H Hall Trustee
Street, Apt. No.; or PO Box No.
27452 Streets Rd
City, State, ZIP+4
Millsboro, DE 19966

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joseph H Hall Trustee
27452 Streets Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joseph Hall ☐ Agent ☒ Addressee

B. Received by (Printed Name) Joseph Hall
C. Date of Delivery 10/24/08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4178

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4185

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OFFICIAL USE

Postage	$
Certified Fee	2.90
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.20

Postmark Here: OCT 24 2008 USPS

Sent To: Douglas H Harmon
Street, Apt. No. or PO Box No.: 181 Simms Woods Rd
City, State, ZIP+4: Dover, DE 19901

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Douglas H Harmon
181 Simms Woods Rd
Dover, DE 19901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna Durham ☐ Agent ☐ Addressee

B. Received by (Printed Name): L. Durham
C. Date of Delivery: 10/25/08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4185

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4208

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

OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here
OCT 24 2008
USPS

Sent To
Patrica E & Clinton E Harmon
Street, Apt. or PO Box 29030 Harmons Hill Rd
City, State, Millsboro, DE 19966

PS Form 3 ... ions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Patrica E & Clinton E Harmon
29030 Harmons Hill Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Clint Harmon ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 10-29-08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4208

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4192

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

OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

Sent To
Delema B Harmon
Street, Apt. N or PO Box N 29002 Harmons Hill Rd
City, State, Z Millsboro, DE 19966

PS Form 380 ns

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Delema B Harmon
29002 Harmons Hill Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Delema B. Harmon ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 10-25-08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 4192

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

TIDEWATER
ENVIRONMENTAL SERVICES, INC.
1100 SOUTH LITTLE CREEK ROAD
DOVER, DELAWARE 19901

CERTIFIED MAIL

7005 3110 0000 5448 4215

017H15554788
HASLER
$5.32
10/24/2008
Mailed From 19901
US POSTAGE

Name
1st Notice
2nd Notice
Return

Name
1st Notice
2nd Notice
Return

Name
1st Notice 10/29/08
2nd Notice

Chad E Harmon
29030 Harmons Hi
Millsboro, DE 199

NIXIE 197 5C 1 72 11/18/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 19901472700 *1127-01362-24-42

19901472700
19966-6413 RC08

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER

Received From:
Tidewater Environmental
1100 S. Little Creek Rd
Dover, De 19901

One piece of ordinary mail addressed to:
Chad E. Harmon
29030 Harmons Hill Rd
Millsboro, DE 19966

PS Form 3817, Mar. 1989

017H15554788
HASLER
$1.10
11/20/2008
Mailed From 19901
US POSTAGE

LITTLE CREEK DE 19961
NOV 20 2008
USPS

7005 3110 0000 5448 4215

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here
19901

Sent To Chad E Harmon
Street, Apt. or PO Box 29030 Harmons Hill Rd
City, State Millsboro, DE 19966

PS Form ... Instructions

7005 3110 0000 5448 3331

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.30

Postmark Here

OCT 24 2008

USPS

Sent To Elizabeth D. Harmon

Street, or PO Box PO Box 1651

City, State Millsboro, DE 19966

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Elizabeth D. Harmon
PO Box 1651
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Elizabeth D. Harmon ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 10-29-08

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

Elizabeth D. Harmon

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 3331

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL™

TIDEWATER
ENVIRONMENTAL SERVICES, INC.
1100 South Little Creek Road
Dover, Delaware 19901

7007 3020 0002 5598 8730

017H15554788
$5.32
10/28/2008
Mailed From 19901
HASLER
US POSTAGE

RETURN RECEIPT
REQUESTED

Edna Harmon
27436 Streets Rd
Millsboro, DE 19966

Name
1st Notice
2nd Notice
Return

NIXIE 197 SE 1 25 10/31/08
RETURN TO SENDER
REFUSED
UNABLE TO FORWARD
BC: 19901472700 *1127-05950-28-40

19901472797

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER

Received From:
Tidewater Environmental
1100 S. Little Creek Rd
Dover, DE 19901

One piece of ordinary mail addressed to:
Edna Harmon
27436 Streets Rd
Millsboro, DE 19966

PS Form 3817, Mar. 1989

US POSTAGE
HASLER
017H15554788
$1.10
11/03/2008
Mailed From 19901

DOVER DE 19901
NOV 3 2008

7007 3020 0002 5598 8730

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

LITTLE CREEK DE 19961
Postmark Here
OCT 28 2008
USPS

Sent To: Edna Harmon
Street, Apt. No.; or PO Box No.: 27436 Streets Rd
City, State, ZIP+4: Millsboro, DE 19966

PS Form 3800, August 2006 See Reverse for Instructions

7005 3110 0000 5448 4239

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

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

OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here

DOVER DE 19901 OCT 2 2008

Sent To Joanne V Harris
Street, Apt. or PO Box P.O Box 1325
City, State Millsboro, DE 19966

PS Form 3 ... tions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Joanne V Harris
P.O Box 1325
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joan Harris ☐ 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

MILLSBORO DE 19966 OCT 2 2008 USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4239

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4246

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

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

OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

OCT 24 2008 USPS Postmark Here

Sent To: Vernon P & Nancy S Heath
Street, Apt. or PO Box: 25780 Lingo Ln
City, State: Millsboro, DE 19966

PS Form 3 ... tions

ENDER: COMPLETE THIS SECTION

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

. A[redacted]ddressed to:

Vernon P & Nancy S Heath
25780 Lingo Ln
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nancy Heath ☐ 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

10-25-08

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4246

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4253

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

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

OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

DOVER DE OCT 24 2008 USPS Postmark Here

Sent To
Donald F & Ruth H Heffley
Street, Apt. or PO Box
507 Starboard Ave
City, State
Edgewater, FL 32141

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Donald F & Ruth H Heffley
507 Starboard Ave
Edgewater, FL 32141

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ruth Heffley ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Ruth Heffley 10/27/08

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 4253

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4260

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

OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

DOVER DE Postmark Here OCT 24 2008

Sent To
Michael J Henderson
Mary Margaret Priller
Street, Apt. or PO Box 24530 Hollyville Rd
City, State Millsboro, DE 19966

PS Form 3 ... tions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Michael J Henderson
Mary Margaret Priller
24530 Hollyville Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* M. Abercrombie
C. Date of Delivery 10-25-08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4260

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4277

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

OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

DOVER DE 19901 OCT 24 2008 Postmark Here

Sent To: Juan J & Patricia L Heras
Street, Apt. or PO Box: 28292 Johnson Rd
City, State: Georgetown, DE 19947

PS Form 3 ... ions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Juan J & Patricia L Heras
28292 Johnson Rd
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): JUAN HERAS
C. Date of Delivery: 11-8-8

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4277

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4291

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

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

OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here
USPS 2008

Sent To
John W Hill III
Street, A
or PO B
25842 Anderson Corner Rd
City, Sta
Georgetown, DE 19947

PS Form ... ctions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

John W Hill III
25842 Anderson Corner Rd
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X John W Hill III ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 11-1-08

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

John W Hill III

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 4291

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4307

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

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

OFFICIAL USE

Postage	$ 42
Certified Fee	220
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

DOVER DE 19901 USPS OCT 24 2006 Postmark Here

Sent To
Carol S Holland
Street, A
or PO B
23795 Holland Rd
City, Sta
Millsboro, DE 19966

PS Form ... ctions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Carol S Holland
23795 Holland Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol S Holland ☐ Agent ☐ Addressee

B. Received by (Printed Name) Carol S Holland
C. Date of Delivery 10/27/06

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4307

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4314

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

OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

Sent To
Street, Apt. or PO Box
City, State,

Frances Marie Hopkins
26171 Hollyville Rd
Millsboro, DE 19966

PS Form 3

ons

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Frances Marie Hopkins
26171 Hollyville Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X F. M. Hopkins ☐ Agent ☒ Addressee

B. Received by (*Printed Name*) Frances M. Hopkins
C. Date of Delivery 10/25/08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number
(*Transfer from service label*) 7005 3110 0000 5448 4314

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 4321

U.S. Postal Service™
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OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here
LOVELAND
APR 14 2008

Sent To
George A., Sr. & Christine L. Hunter
Street, Apt. or PO Box
28642 Mount Joy Road
City, State
Millsboro, DE 199966

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

George A., Sr. & Christine L. Hunter
28642 Mount Joy Road
Millsboro, DE 199966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4321

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**

MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER

Received From:

Tidewater Environmental
1100 S. Little Creek Rd.
Dover, De 19901

One piece of ordinary mail addressed to:

Warren Gary Grace Jackson
23333 Hollyville Rd
Harbeson, De 19951

LITTLE CREEK STATION
DEC 02 2008
USPS
Mailed from 19901
017H15554788
100
US POSTAGE

PS Form 3817, Mar. 1989

7005 3110 0000 5448 4338

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

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

OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

USPS Postmark Here 2007 DOVER DE 19901

Sent To
Street, Apt. or PO Box
City, State
Warren Gary & Grace M Jackson
23333 Hollyville Rd
Harbeson, DE 19951

PS Form ... Instructions

TIDEWATER
ENVIRONMENTAL SERVICES, INC.
1100 South Little Creek Road
Dover, Delaware 19901

CERTIFIED MAIL™

7005 3110 0000 5448 4338

017H15554788
$5.320
10/24/2008
Mailed From 19901
HASLER
US POSTAGE

☐ MOVED, LEFT NO ADDRESS
☐ FORWARDING ORDER EXPIRED
☐ ATTEMPTED - NOT KNOWN
☒ UNCLAIMED ☐ REFUSED
☐ NO SUCH STREET
☐ NO SUCH NUMBER
☐ INSUFFICIENT ADDRESS

10/24
11/20 Return

☐ MOVED, LEFT NO ADDRESS
☐ FORWARDING ORDER EXPIRED
☐ ATTEMPTED - NOT KNOWN
☒ UNCLAIMED ☐ REFUSED
☐ NO SUCH STREET
☐ NO SUCH NUMBER
☐ INSUFFICIENT ADDRESS

Warren Gary & Grace M Jackson
23333 Hollyville Rd
Harbeson, DE 19951

Notice
1st Notice
2nd Notice
Return

7005 3110 0000 5448 4345

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

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

OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

Sent To
David & Mary Jo Johns
Street, Apt. No.; or PO Box No.
19 Hudson Harbour Drive Apt. C
City, State, ZIP+4
Poughkeepsie, NY 12601

PS Form 38[illegible] ...ons

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David & Mary Jo Johns
19 Hudson Harbour Drive Apt. C
Poughkeepsie, NY 12601

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [illegible] ☐ 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
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 4345

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

TIDEWATER
ENVIRONMENTAL SERVICES, INC.
1100 South Little Creek Road
Dover, Delaware 19901

CERTIFIED MAIL™

7005 3110 0000 5448 4352

017H15554788
$5.32
10/24/2008
Mailed From 19901
HASLER
US POSTAGE

UNC

28
10-25
SECOND NOTICE
10-28-08
11-10

Heather
28052 Av
Georgeto

NIXIE 197 5E 1 72 11/13/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 19901472700 *1127-01319-24-42

19947&705 RD5 19901047 27

7005 3110 0000 5448 4352

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

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

OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	200
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

USPS
Postmark Here
OCT 30 2008
DOVER DE 19901

Sent To
Heather M & Raymond WP Johnson
Street, Apt. or PO Box
28052 Avalon Rd
City, State,
Georgetown, DE 19947

PS Form 38 ... ons

Name and Address of Sender
Tidewater Utilities
1100 S. Little Creek Rd
Dover, De 19901

Check type of mail or service:

- ☐ Certified
- ☐ COD
- ☐ Delivery Confirmation
- ☐ Express Mail
- ☐ Insured
- ☐ Recorded Delivery (Int
- ☐ Registered
- ☐ Return Receipt for Me
- ☐ Signature Confirmatio

HASLER 017H15554788 $1.10 11/17/2008 Mailed From 19901 US POSTAGE

UNITED STATES OF 1776 NOV 17 2008 USPS

HASLER 017H15554788 $0.10 11/17/2008 Mailed From 19901 US POSTAGE

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	RD Fee	RR Fee
1.	Eva Tingle 28244 Fisher Rd Milton, De 19968	.42		
2.	Heather + Raymond DVP Johnson 28052 Avalon Rd Georgetown, DE 19947	.42		
3.	Somphan Bouphakeo 24773 Broadkill Rd Milton, De 19968	.42		
4.				
5.				
6.				
7.				
8.				

Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)
3	3	Sharon Nocciarelli

See Privacy Act Statement on Reverse

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

7005 3110 0000 5448 4284

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OFFICIAL USE

Postage	$ 2.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

DOVER DE 19901
OCT 27 2008

Sent To George W Jones Jr
Street, Apt. or PO Box 24243 Cedar Ln
City, State Georgetown, DE 19947

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

George W Jones Jr
24243 Cedar Ln
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X George Jones
☐ Agent
☐ Addressee

B. Received by (*Printed Name*) GEORGE JONES
C. Date of Delivery 10-27-08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 4284

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

TIDEWATER
ENVIRONMENTAL SERVICES, INC.
1100 South Little Creek Road
Dover, Delaware 19901

CERTIFIED MAIL™

7005 3110 0000 5448 4369

017H15554788
HASLER
$5.32
10/24/2008
Mailed From 19901
US POSTAGE

RETURNED TO SENDER
NOT DELIVERABLE AS ADDRESSED, UNABLE TO FORWARD

Name
1st Notice
2nd Notice
Return

Kenneth B Kaiss & Lori A Sigismondi
31471 Fortezza Ln
Harbeson, DE 19951

19561 3017 R005

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER

Received From:
Tidewater Environmental
1100 S. Little Creek Rd
Dover, DE 19901

One piece of ordinary mail addressed to:
Kenneth B. Kaiss +
Lori A. Sigismondi
31471 Fortezza Lane
Harbeson, DE 19951

PS Form 3817, Mar. 1989

US POSTAGE
017H15554788
HASLER
$1.100
11/03/2008
Mailed From 19901

DOVER DE 19901
NOV 3 2008

7005 3110 0000 5448 4369

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OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here
OCT 24 2008

Sent To
Street, Apt. No. or PO Box No.
City, State, Zip
Kenneth B Kaiss & Lori A Sigismondi
31471 Fortezza Ln
Harbeson, DE 19951

PS Form 3800

7005 3110 0000 5448 4376

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here
OCT 24 2008
USPS
MILLSBORO DE 19966

Sent To
Michael C & Kathleen M Kenney
Street, Apt. or PO Box
27287 William Street Rd
City, State,
Millsboro, DE 19966

PS Form 38 ... ons

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Michael C & Kathleen M Kenney
27287 William Street Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

USPS MILLSBORO DE 19966 2008

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

4. Restricted Delivery? *(Extra Fee)* ☐ Ye

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 4376

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE®

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Track & Confirm FAQs

Track & Confirm

Search Results

Label/Receipt Number: **7005 3110 0000 5448 4383**
Detailed Results:

- **Delivered, October 27, 2008, 4:42 pm, ELLICOTT CITY, MD 21043**
- **Arrival at Unit, October 27, 2008, 7:19 am, ELLICOTT CITY, MD 21043**

< Back Return to USPS.com Home >

Track & Confirm

Enter Label/Receipt Number.

Go >

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Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. Go >

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.32

Postmark Here
USPS
OCT 24 2008
120
AKRON

Sent T
Street, or PO
City, S

Jacob P. Jr. & Wanda D. Ketner
8481 Linwood Drive
Ellicott City, MD 21043

PS Fo

ructions

7005 3110 0000 5448 4390

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here

Sent To Kidfar Properties LLC
Street, Apt. No.; or PO Box No. 7 Crenshaw Dr
City, State, ZIP+4 Wilmington, DE 19810

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Kidfar Properties LLC
7 Crenshaw Dr
Wilmington, DE 19810

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Fergson ☐ 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

WILMINGTON DE OCT 28 2004 USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 4390

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

TIDEWATER
ENVIRONMENTAL SERVICES, INC.
1100 SOUTH LITTLE CREEK ROAD
DOVER, DELAWARE 19901

CERTIFIED MAIL™

7005 3110 0000 5448 2563

017H15554788
HASLER
$5.32
10/24/2008
Mailed From 19901
US POSTAGE

10/25
SECOND NOTICE
10-30

11-10

Name
1st Notice
2nd Notice
Return

Alvah Charles Ki
19680 Buck Run
Georgetown, DI

19901047 27

NIXIE 197 5E 1 72 11/13/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 19901472700 *1127-01314-24-42

U.S. POSTAL SERVICE **CERTIFICATE OF MAILING**
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER

Received From:
Tidewater Environmen
1100 S. Little Creek Rd
Dover, DE 19901

One piece of ordinary mail addressed to:
Alvah Charles King Sr.
Mary F King
19680 Buck Run
Georgetown, DE 19947

PS Form 3817, Mar. 1989

US POSTAGE
017H15554788
HASLER
NOV 18 2008
$1.19
Mailed From 19901
USPS
LITTLE CREEK DE

7005 3110 0000 5448 2563

U.S. Postal Service™
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Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

USPS
Postmark Here
OCT 24 2008
DOVER DE 19901

Sent To
Alvah Charles King Sr & Mary F King
Street, Ap or PO Box 19680 Buck Run
City, State Georgetown, DE 19947

PS Form 3 ... tions

7005 3110 0000 5448 2570

U.S. Postal Service™
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Postage	$ 42
Certified Fee	220
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Pr	532

USPS Postmark Here 8007 OCT 19947 19901

Sent To Thomas J Klosiewicz Jr
Street, A Melanie A Klosiewicz
or PO Bo 26007 Zoar Rd
City, Sta Georgetown, DE 19947

PS Form 3800, June 2002 ... uctions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Thomas J Klosiewicz Jr
Melanie A Klosiewicz
26007 Zoar Rd
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tommy J Klosiewicz ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* TOMMY J Klosiewicz C. Date of Delivery 10-25-05

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 2570

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 2587

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Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here

OCT 2008 24 DE 19947

Sent To: Michael & Susan Langan
Street, Apt. or PO Box: 22380 Gravel Hill Rd
City, State, Georgetown, DE 19947

PS Form 38 ... ons

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Michael & Susan Langan
22380 Gravel Hill Rd
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Michael Langan
☐ Agent
☐ Addressee

B. Received by (Printed Name) Michael Langan
C. Date of Delivery 11-5-08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 2587

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 2594

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Pr	$ 5.32

Postmark Here

Sent To Peggy J Manuel
Street, A or PO Bo 26177 Mrs Catherine Lane
City, Stat Millsboro, DE 19966

PS Form 3800, June 2002 ... ctions

SENDER: *COMPLETE THIS SECTION*

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

Article Addressed to:

Peggy J Manuel
26177 Mrs Catherine Lane
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Peggy Manuel ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Peggy Manuel
C. Date of Delivery 10-27-08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 2594

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 2600

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here
OCT 2008
DOVER DE 19901

Sent To
Street, Apt. N or PO Box No
City, State, Z

Kenneth M & Donna L Mengel
18 Lincoln Dr
Hamburg, PA 19526

PS Form 380 ...ns

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Kenneth M & Donna L Mengel
18 Lincoln Dr
Hamburg, PA 19526

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible]
C. Date of Delivery 10/28/08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 3110 0000 5448 2600

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 2617

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here
OCT 24 2008
DOVER DE 19901

Sent To
Phillip S. & Ada A. Messia
Street, Apt. N or PO Box No 24967 Cannon Road
City, State, ZI Millsboro, DE 19966

PS Form 380

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Phillip S. & Ada A. Messia
24967 Cannon Road
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Phillip Messia ☐ Agent ☐ Addressee

B. Received by (Printed Name) Phillip Messia
C. Date of Delivery 10-27-08

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 3110 0000 5448 2617

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 2624

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OFFICIAL USE

Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.00
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here
OCT 24 2008

Sent To: Robert M & Ann E Metler
Street, Apt. No or PO Box No.: 2821 Jones Rd
City, State, ZIP: Dunkirk, MD 20754

PS Form 3800

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Robert M & Ann E Metler
2821 Jones Rd
Dunkirk, MD 20754

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert Metler ☐ Agent ☒ Addressee

B. Received by (Printed Name): ROBERT M. METLER
C. Date of Delivery: 10-10-08

D. Is delivery address different from item 1? ☒ Yes ☐ No
If YES, enter delivery address below:
P.O. Box 15
Milton De 19968

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 2624

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 2631

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

USPS DOVER DE 19901 OCT 24 2008

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+

John Michael & Carol Ann Evans
24359 Gravel Hill Rd
Georgetown, DE 19947

PS Form 3800.

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

John Michael & Carol Ann Evans
24359 Gravel Hill Rd
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol Evans ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Carol Evans
C. Date of Delivery 10-25-08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7005 3110 0000 5448 2631

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 3110 0000 5448 2648

U.S. Postal Service™
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OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here: OCT 24 2008 NEW CASTLE, DE 19801

Sent To Gary D. & Cynthia W. Moore
Street, Apt. No.; or PO Box No. 9 Scottie Lane
City, State, ZIP+4 New Castle, DE 19720

PS Form 3800, Ju

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Gary D. & Cynthia W. Moore
9 Scottie Lane
New Castle, DE 19720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 10-25-

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7005 3110 0000 5448 2648

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 6071

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

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here

Sent To: John & Michelle Murphy
Street, Apt. No.; or PO Box No.: 11 Scottie Ln
City, State, ZIP+4: New Castle, DE 19720

PS Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

John & Michelle Murphy
11 Scottie Ln
New Castle, DE 19720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) [illegible] C. Date of Delivery 10/28/08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7007 3020 0002 5598 6071

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 1910

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

OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Reciept Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

Sent T
Street, or PO
City, S

Joseph D & Gloria Nardo
22799 Bella Casa Blvd
Harbeson, DE 19951

PS Fo ... ructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Joseph D & Gloria Nardo
22799 Bella Casa Blvd
Harbeson, DE 19951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* J. NARDO
C. Date of Delivery 10/28/08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7004 1160 0005 9457 1910

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 1927

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Postage	$ 42
Certified Fee	220
Return Reciept Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

DOVER DE 19901
OCT 24 2004
Postmark Here

Sent T
Nardo Inc.
Street, or PO 301 E Ayre St
City, S Wilmington, DE 19804

PS For ... ructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Nardo Inc.
301 E Ayre St
Wilmington, DE 19804

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 10/27/04

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7004 1160 0005 9457 1927

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 1934

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Postage	$ 42
Certified Fee	2.70
Return Reciept Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

DOVER DE 19901 OCT 24 2008 USPS Postmark Here

Sent To William E & Joan C Norwood Trustees
Street, Apt. No., or PO Box No. 30720 Mount Joy Rd
City, State, ZIP+4 Millsboro, DE 19966

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

William E & Joan C Norwood Trustees
30720 Mount Joy Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

MILLSBORO DE 19966 OCT 27 2008 USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7004 1160 0005 9457 1934

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 1941

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Postage	$ 42
Certified Fee	270
Return Reciept Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here

Sent To Robert A & Deborah L Oswald
Street, Apt. No. or PO Box No. 22279 Deep Branch Rd
City, State, ZIP+4 Georgetown, DE 19947

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Robert A & Deborah L Oswald
22279 Deep Branch Rd
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 10/05

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7004 1160 0005 9457 1941

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 1958

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Postage	$ 42
Certified Fee	270
Return Reciept Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

DOVER DE 19901 Postmark Here 24 20 USPS

Sent To Betty J. Peck
Street, Apt. or PO Box 27458 Martins Farm Road
City, State Milton, DE 19968

PS Form ... Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Betty J. Peck
27458 Martins Farm Road
Milton, DE 19968

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty J. Peck ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0005 9457 1958

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 1965

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Postage	$ 42
Certified Fee	2.70
Return Reciept Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here
OCT 24 2008

Sent To
Charles D & Kathryn B Pickering
Street, Apt. or PO Box Trustees
City, State 27808 Avalon Dr
Georgetown, DE 19947

PS Form 3 ... tions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Charles D & Kathryn B Pickering Trustees
27808 Avalon Dr
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) CHARLES PICKERING
C. Date of Delivery 10-27-08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7004 1160 0005 9457 1965

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 1972

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Certified Fee	270
Return Reciept Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

DOVER DE 24 Postmark Here

Sent To Juan R & Donna S Prado
Street, or PO 20777 Beaver Dam Rd
City, S Harbeson, DE 19951

PS Form ... ructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Juan R & Donna S Prado
20777 Beaver Dam Rd
Harbeson, DE 19951

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna S Prado ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 10 27 08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7004 1160 0005 9457 1972

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 1989

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Postage	$ .42
Certified Fee	2.70
Return Reciept Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

24 2008 USPS

Sent To
Joseph P Reed
Street, Apt. or PO Box
48 Glade Circle E
City, State
Rehoboth Beach, DE 19971

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Joseph P Reed
48 Glade Circle E
Rehoboth Beach, DE 19971

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7004 1160 0005 9457 1989

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 2009

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Postage	$ 42
Certified Fee	2.70
Return Reciept Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

Sent To: Ricky B & Rebecca Rothenberger
Street, Apt. No., or PO Box No.: 1520 Orchard Ln
City, State, ZIP+4: Boyertown, PA 19512

PS Form 3800, February 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Ricky B & Rebecca Rothenberger
1520 Orchard Ln
Boyertown, PA 19512

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Judy Rothenberger ☐ 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
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7004 1160 0005 9457 2009

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 2016

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OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Reciept Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

DOVER
Postmark Here

Theobald M & Wilma L Schelgel
20062 Beaver Dam Rd
Lewes, DE 19958

PS Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Theobald M & Wilma L Schelgel
20062 Beaver Dam Rd
Lewes, DE 19958

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wilma L. Schlegel ☐ Agent ☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery 10/28/09

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7004 1160 0005 9457 2016

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0005 9457 2023

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OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Reciept Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

DOVER DE 19901 OCT 21 2008 U.S.P.S.

Postmark Here

Kenneth E. Schiller, Jr.
227 Hickory Avenue
Tenafly, NJ 07670

or Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Kenneth E. Schiller, Jr.
227 Hickory Avenue
Tenafly, NJ 07670

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7004 1160 0005 9457 2023

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5043

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Postage	$ 42
Certified Fee	2.20
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
T	5.32

Postmark Here

DOVER DE 19901 US

Se Toby L Schlick
Stl 30598 Cordrey Rd
or Millsboro, DE 19966
Cit

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Toby L Schlick
30598 Cordrey Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Toby Schlick ☐ 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

MILLSBORO DE 19966 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 3020 0002 5598 5043

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

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Search Results

Label/Receipt Number: **7005 3110 0000 5448 3096**
Detailed Results:

- **Unclaimed, November 13, 2008, 4:10 pm, DECATUR, GA**
- **Notice Left, October 27, 2008, 2:13 pm, DECATUR, GA 30032**

< Back Return to USPS.com Home >

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Go >

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Did not receive back unclaimed Envelope.

7005 3110 0000 5448 3096

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Postage	$ .42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

DOVER DE 19901

Sent To Cornelius Barnett Scott
Street, Apt. No., or PO Box No. Theodore Adonis Scott
City, State, ZIP+4 3545 Turner Heights Dr
Decatur, GA 30032

PS Form ... Instructions

017H15554788
$1.10
11/25/2008
Mailed From 19901
US POSTAGE

DOVER DE 19901 NOV 25 2008 USPS

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MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE—POSTMASTER

Received From:
Tidewater Environmental
1100 S Little Creek Rd
Dover, DE 19901

One piece of ordinary mail addressed to:
Cornelius Barnett Scott + Theodore
Adonis Scott
3545 Turner Heights Dr
Decatur, GA 30032

PS Form 3817, Mar. 1989

7007 3020 0002 5598 8655

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Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

DOVER DE 19901 Postmark Here 21 2008 USPS

Sent To
Donnie Ray & Carol Ann Smith
Street, or PO
26796 Avalon Road
City, S
Georgetown, DE 19947

PS Form ... ructions

SENDER: *COMPLETE THIS SECTION*

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

Article Addressed to:

Donnie Ray & Carol Ann Smith
26796 Avalon Road
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C A Smith ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C A SMITH
C. Date of Delivery 10-27-08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7007 3020 0002 5598 8655

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 8662

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OFFICIAL USE

Postage	$ 42
Certified Fee	220
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

DOVER DE OCT 24 2008 USPS Postmark Here

Sent To Lisa A Soens
Street, Apt. or PO Box 852 Quince Orchard Blvd., Apt. 101
City, State Gaithersburg, MD 20878

PS Form ... tions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Lisa A Soens
852 Quince Orchard Blvd., Apt. 101
Gaithersburg, MD 20878

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) A. M. Amato
C. Date of Delivery 10/30/08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7007 3020 0002 5598 8662

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5937

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OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Pr	$ 532

Postmark Here

Sent To Ruth H. Steele Trustee
Street, A 24796 Zoar Road
or PO Bo
City, Sta Georgetown, DE 19947

PS Form ... ctions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Ruth H. Steele Trustee
24796 Zoar Road
Georgetown, DE 19947

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) [illegible] C. Date of Delivery 10/25

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7007 3020 0002 5598 5937

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

7007 3020 0002 5598 5944

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OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here
DOVER DE 19901
OCT 24 2008
USPS

James Eric & Ann M Stein
30866 E Sallie Ross Bnd
Milton, DE 19968

PS Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

James Eric & Ann M Stein
30866 E Sallie Ross Bnd
Milton, DE 19968

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ann Michelle Stein ☐ Agent ☒ Addressee

B. Received by *(Printed Name)* Ann M Stein
C. Date of Delivery

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

CONVERSTER, TEXAS 8666-98
NOV 3 2008
USPS

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7007 3020 0002 5598 5944

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5951

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

OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total	$ 5.32

DOVER DE OCT 24 2008 USPS
Postmark Here

Sent: Margaret Kelly Stein
Street: 28349 Martin Farm Road
or PO: Milton, DE 19968
City, :

PS Form 3800, August 2006 ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Margaret Kelly Stein
28349 Martin Farm Road
Milton, DE 19968

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x M. Kelley Stein ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7007 3020 0002 5598 5951

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 8679

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total	$ 5.32

DOVER DE
Postmark Here
US

Sent To Pamela Stokley
Street, Apt. No.; or PO Box No. 26352 Miller St
City, State, ZIP+4 Millsboro, DE 19966

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Pamela Stokley
26352 Miller St
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pamela Stokley ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Pamela Stokley
C. Date of Delivery 10/27/07

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7007 3020 0002 5598 8679

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

TIDEWATER
ENVIRONMENTAL SERVICES, INC.
1100 South Little Creek Road
Dover, Delaware 19901

CERTIFIED MAIL™

7007 3020 0002 5598 8716

017H15554788
HASLER
$5.32
10/24/2008
Mailed From 19901
US POSTAGE

Name_____
1st Notice_____
2nd Notice_____
Return_____

10-25-08

Eva D. Tingle
28244 Fisher F
Milton, DE 19

NIXIE 197 5E 1 72 11/14/08
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 19901472700 *1127-01351-24-42

19901 04727
19988327A R032

7007 3020 0002 5598 8716

U.S. Postal Service™
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OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.32

Postmark Here

Sent T Eva D. Tingle
Street or PO 28244 Fisher Road
City, S Milton, DE 19968

PS Fo ... tructions

Name and Address of Sender
Tidewater Utilities
1100 S. Little Creek Rd
Dover, De 19901

Check type of mail or service:

- ☐ Certified
- ☐ COD
- ☐ Delivery Confirmation
- ☐ Express Mail
- ☐ Insured
- ☐ Recorded Delivery (Int
- ☐ Registered
- ☐ Return Receipt for Me
- ☐ Signature Confirmatio

HASLER 017H15554788 $1.10 11/17/2008 Mailed From 19901 US POSTAGE

LITTLE CREEK DE 19961 NOV 17 2008 USPS

HASLER 017H15554788 $0.10 11/17/2008 Mailed From 19901 US POSTAGE

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	RD Fee	RR Fee
1.	Eva Tingle 28244 Fisher Rd Milton, De 19968	.42		
2.	Heather + Raymond DVP Johnson 28052 Avalon Rd Georgetown, DE 19947	.42		
3.	Somphan Bouphakeo 24773 Broadkill Rd Milton, De 19968	.42		
4.				
5.				
6.				
7.				
8.				

Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)	See Privacy Act Statement on Reverse
3	3	Sharon Nocciarato	

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

7007 3020 0002 5598 5975

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Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	532

DOVE

Postmark Here

US

Aretha E Tunnell
25621 Morris Mill Rd
Millsboro, DE 19966

PS Form 3800, August 2006 ... for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Aretha E Tunnell
25621 Morris Mill Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Jordan Tunnell C. Date of Delivery 10-25-08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7007 3020 0002 5598 5975

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5852

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
To	5.32

Postmark Here

Sen Joyce A Wegman
Stre 129 Walls Way
or F Bear, DE 19701
City

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Joyce A Wegman
129 Walls Way
Bear, DE 19701

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C Wegman ☐ Agent ☐ Addressee

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

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

BEAR DE
USPS 19701

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7007 3020 0002 5598 5852

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5869

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OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 5.32

DOVER DE 19901 Postmark Here 24 2008

Barbara Jean Williams Artis
3620 Beehler Ave
Baltimore, MD 21215

PS Form 3800, August 2006 ... or Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Barbara Jean Williams Artis
3620 Beehler Ave
Baltimore, MD 21215

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Eddie L Artis ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) Eddie L Artis
C. Date of Delivery 10/28/08

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

OCT 28 2008

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number
(*Transfer from service label*) 7007 3020 0002 5598 5869

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5876

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Tc	$ 5.32

Postmark Here

DOVER D

Ser C Thomas Williamson
Str 5406 Saint Albans Way
or I Baltimore, MD 21212
Cit

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

C Thomas Williamson
5406 Saint Albans Way
Baltimore, MD 21212

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Thomas Williamson
C. Date of Delivery 11/4/08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7007 3020 0002 5598 5876

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5883

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OFFICIAL USE

Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 532

Postmark Here

Sent To: Patricia D Wright
Street, Apt. No., or PO Box No.: 15 Venetian Dr
City, State, ZIP+4: Rehoboth Beach, DE 19971

PS Form ... Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Patricia D Wright
15 Venetian Dr
Rehoboth Beach, DE 19971

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*): PAT WRIGHT
C. Date of Delivery: 10/25/08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7007 3020 0002 5598 5883

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5890

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OFFICIAL USE

Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Tot	5.32

DOVER DE 19901 OCT 24 2008 USPS Postmark Here

Seni Ava H Wright
Stre 32702 Long Neck Rd
or P Millsboro, DE 19966
City

PS Form 3800, August 2006 ...nstructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Ava H Wright
32702 Long Neck Rd
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ava Wright ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 10/25/08

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service la...) 7007 3020 0002 5598 5890

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5906

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Postage	$ 42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
	$ 5.32

Postmark Here
OCT 24 2008
DOVER DE 19901

Charles Lee Wright
33342 Sharkeys Ln
Millsboro, DE 19966

PS Form 3800, August 2006 ... for Instructions

SENDER: *COMPLETE THIS SECTION*

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

Article Addressed to:

Charles Lee Wright
33342 Sharkeys Ln
Millsboro, DE 19966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Charles L Wright
C. Date of Delivery 10-27-08

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

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

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7007 3020 0002 5598 5906

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 3020 0002 5598 5913

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Postage	$ 42
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	
	532

DOVER DE
Postmark Here

Sent To
Daniel F Wright Sr
19322 Beaver Dam Rd
Lewes, DE 19958

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Daniel F Wright Sr
19322 Beaver Dam Rd
Lewes, DE 19958

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Conchita M Clark ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 3020 0002 5598 5913

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540