



LETTER OF TRANSMITTAL

DATE: 7-5-22	JOB NO. 2021-040
ATTN: Melanie Bachman, Esq.	
RE:	
Connecticut Greenbank Solar Projects	
Petitions 1517 Osborn	

TO Connecticut Siting Council
10 Franklin Square
New Britain, CT 06051

WE ARE SENDING YOU Attached Under separate cover Via Delivery, the following items:
 Cover Letter Paper Prints Mylars Specifications Report Other

COPIES	DATE	SHEET NO.	DESCRIPTION
16	6-31-22		Petition 1517 Interrogatory Response
16	6-27-22		Final Determination by State Historic Preservation Office (SHPO)
1			Petition 1517 – Certified Mail Receipts for Notifications

THESE ARE TRANSMITTED (as checked below):

- For approval
 For your use
 For review and comment
 As requested
 For signature
 For your records
 Returned after loan to us
 For bids due _____

REMARKS:

cc: CT Green Bank & SunPower

SENT BY: Timothy Coon

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

OFFICIAL RECEIPT

Certified Mail Fee \$ 3.75

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

Return Receipt (hardcopy) \$ 3.05

Return Receipt (electronic) \$ _____

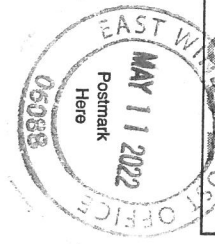
Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage \$ 7.33



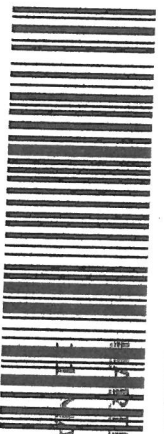
Sent To: Osborn State Prison Farm
 Street: 531 Taylor Road
 City: Enfield, CT 06082

PS Form 3849, October 2015

CERTIFIED MAIL®



SURVEYORS • ENGINE
 P.O. BOX 938, EAST WINDSOR, CT 06026



7020 1290 0001 0989 9582

WEST WINDSOR, CT 06090
 MAY 11 2022 6 L

UNITED STATES POSTAGE
 PITNEY BOWES
 02 1P \$007.330
 0000767893 MAY 11 2022
 MAILED FROM ZIP CODE 06088

1ST NOT
 2ND NOT
 RETURN

[Handwritten signature]

Osborn State Prison Farm
 531 Taylor Road
 Enfield, CT 06082

NIXIE 061 EE 1 0205/26/22

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

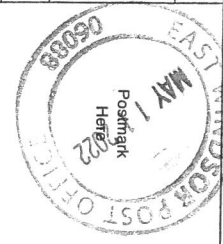
MANUAL PROC REQ *2144-05120-11-38

ANK
 05088-28078381

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OFFICIAL USE



Certified Mail Fee \$ 2.75

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent To: Jonathan Kinney
 Street and Apt. No., or PO Box No.: 450 Columbus Blvd. Suite 5
 City, State, ZIP+4®: Hartford CT 06103

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Jonathan Kinney
 State Historic Preservation Officer
 Department of Economic & Community Development
 450 Columbus Boulevard, Suite 5
 Hartford, CT 06103



9590 9402 3019 7124 5893 88

2. Article Number (Transfer from service label)
7020 3160 0000 1815 7760
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature M 303 Agent Addressee

B. Received by (Printed Name) COVID-19 C. Date of Delivery 5/13/15

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

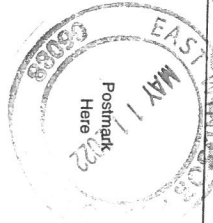
3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted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

Domestic Return Receipt

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Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent To: Bryan P. Hurlburt
 Street and Apt. No., or PO Box No.: 450 Columbus Blvd
 City, State, ZIP+4®: Hartford CT 06103

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Bryan P. Hurlburt, Commissioner
 Department of Agriculture
 450 Columbus Boulevard, Suite 701
 Hartford, CT 06103



9590 9402 3019 7124 5893 95

2. Article Number (Transfer from service label)
7020 3160 0000 1815 7753
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature M 303 Agent Addressee

B. Received by (Printed Name) COVID-19 C. Date of Delivery 5/13/15

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Bryan P. Hurlburt, Commissioner
 Department of Agriculture
 450 Columbus Boulevard, Suite 701
 Hartford, CT 06103



9590 9402 3019 7124 5893 95

2. Article Number (Transfer from service label)
7020 3160 0000 1815 7753
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature M 303 Agent Addressee

B. Received by (Printed Name) COVID-19 C. Date of Delivery 5/13/15

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

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

Domestic Return Receipt

7020 3160 0000 1815 7753

7020 3160 0000 1815 7760

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OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 5.33

Total Postage and Fees \$ 9.33

Sent To James Kovella

Street and Apt. No. or Po Box No. 111 Country Club Road

City, State, ZIP+4® Middletown, CT 06457

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



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OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 5.33

Total Postage and Fees \$ 9.33

Sent To David Lehman

Street and Apt. No. or Po Box No. 450 Columbus Blvd.

City, State, ZIP+4® Hartford, CT 06103

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James C. Kovella, Commissioner
 Department of Emergency Services and Public Protection
 Emergency Management and Homeland Security Division
 1111 Country Club Road
 Middletown, CT 06457

9590 9402 3004 7124 8847 33



Article Number (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
- Agent
- B. Received by Printed Name BY 5/13/22
- Addressee

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

STATE OF CT
 MIDDLETOWN, CT 06457-9998

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Lehman, Commissioner
 Department of Economic and Community Development
 450 Columbus Boulevard
 Hartford, CT 06103

9590 9402 3019 7124 5893 64



Article Number (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature 303
- Agent
- B. Received by Printed Name COVID-19 C. Date of Delivery 5/13/22
- Addressee

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

- 3. Service Type
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7020 1290 0001 0989 9162

7020 1290 0001 0989 9223

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Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$.53

Total Post \$ 7.33



Sent To
Judith C. Napolitano
55 White Birch Circle
Somers, CT 06071

City, State

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Judith C. Napolitano
55 White Birch Circle
Somers, CT 06071



2. Article Number (Transfer from service label)
7020 1290 0001 0989 9292

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] Agent Addressee

C. Date of Delivery 5/11/22

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
Philip E. Prior & Ava M. Zils
95 Blue Ridge Drive
Somers, CT 06071



2. Article Number (Transfer from service label)
7020 1290 0001 0989 9360

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] Agent Addressee

C. Date of Delivery 5/11/22

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$.53

Total \$ 7.33



Sent To
Philip E. Prior & Ava M. Zils
95 Blue Ridge Drive
Somers, CT 06071

City

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

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OFFICIAL USPS POST OFFICE

Certified Mail Fee \$ 2.75

- Extra Services & Fees (check box, add fees as appropriate)
- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic)
- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery \$

Postage \$.53

Total Pr \$ 7.33

Sent To
Street:
City, St:
Ridderkerk Real Estate LLC
164 Hampden Road
Somers, CT 06071



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ridderkerk Real Estate LLC
164 Hampden Road
Somers, CT 06071



9590 9402 3019 7124 5895 31

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9599

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

A. Signature [Signature] Agent
B. Received by (Printed Name) [Signature] Addressee
C. Date of Delivery 5/18/21
D. Is delivery address different from item 1? Yes No

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Joseph K. & Mary K. Kane
210 Wrights Brook Drive
Somers, CT 06071



9590 9402 3019 7124 5895 93

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9339

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

A. Signature [Signature] Agent
B. Received by (Printed Name) [Signature] Addressee
C. Date of Delivery 5/15/22
D. Is delivery address different from item 1? Yes No

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

Domestic Return Receipt

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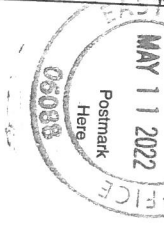
Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fees as appropriate)
- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic)
- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery \$

Postage \$.55

Total Pr \$ 7.33

Sent To
Street:
City, St:
Joseph K. & Mary K. Kane
210 Wrights Brook Drive
Somers, CT 06071



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

7020 1290 0001 0989 9339

7020 1290 0001 0989 9599

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Certified Mail Fee

3.75

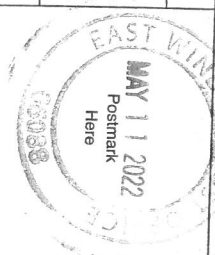
- Extra Services & Fees (check box, add fees as appropriate)
- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic)
- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery \$

Postage

7.33

Total

Sent
Karin Lawlor
82 Rye Hill Circle
Somers, CT 06071



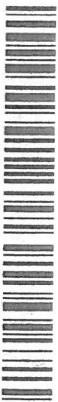
PS Form 3811, July 2015 PSN 7530-02-000-9055

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Karin Lawlor
82 Rye Hill Circle
Somers, CT 06071



9590 9402 3019 7124 5896 54

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9254

PS Form 3811, July 2015 PSN 7530-02-000-9055

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail (over \$500)

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

Domestic Return Receipt

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL RECEIPT

Certified Mail Fee

3.75

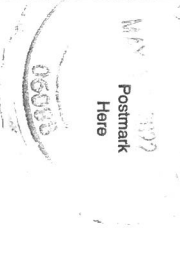
- Extra Services & Fees (check box, add fees as appropriate)
- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic)
- Certified Mail Restricted Delivery
- Adult Signature Required
- Adult Signature Restricted Delivery \$

Postage

7.33

Total P

Sent To
Judith F. & Ronald J. Trevena
84 Blue Ridge Drive
Somers, CT 06071



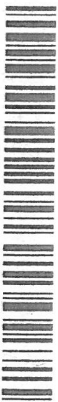
PS Form 3811, July 2015 PSN 7530-02-000-9055

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Judith F. & Ronald J. Trevena
84 Blue Ridge Drive
Somers, CT 06071



9590 9402 3019 7124 5895 62

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9346

PS Form 3811, July 2015 PSN 7530-02-000-9055

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail (over \$500)

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

Domestic Return Receipt

U.S. Postal Service™
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 Domestic Mail Only

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

OFFICIAL USE ONLY



Certified Mail fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.00
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postage \$ 53

Total \$ 7.33

Sent To
 Street Michael D. & Susan Marinaccio
68 Rye Hill Circle
 City, State, ZIP+4® Somers, CT 06071

PS Form 3811, July 2015 PSN 7530-02-000-9053 See reverse for instructions

7020 1290 0001 0989 9278

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Certified Mail Fee \$ 3.78

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ 0.00
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postage \$ 53

Total \$ 7.33

Sent To
 Street Michael J. Pinette
216 Wrights Brook Drive
 City, State, ZIP+4® Somers, CT 06071

PS Form 3811, July 2015 PSN 7530-02-000-9053 See reverse for instructions

7020 1290 0001 0989 9285

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Michael D. & Susan Marinaccio
 68 Rye Hill Circle
 Somers, CT 06071



2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9278

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Michael J. Pinette
 216 Wrights Brook Drive
 Somers, CT 06071



2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9285

COMPLETE THIS SECTION ON DELIVERY

- Signature Agent
- Received by (Printed Name) Michael D. Marinaccio Addressee
- Date of Delivery 5/11/12
- Is delivery address different from item 1? Yes No
- If YES, enter delivery address below:

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

COMPLETE THIS SECTION ON DELIVERY

- Signature Agent
- Received by (Printed Name) Michael J. Pinette Addressee
- Date of Delivery 5/11/12
- Is delivery address different from item 1? Yes No
- If YES, enter delivery address below:

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

Domestic Return Receipt

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

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

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

OFFICIAL

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total \$ 7.33

Sent
 Elaine Crescini Bacabac
 94 Loubier Drive
 Somers, CT 06071



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

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

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total \$ 7.33

Sent
 James J. Bendak
 98 Blue Ridge Drive
 Somers, CT 06071



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Elaine Crescini Bacabac
 94 Loubier Drive
 Somers, CT 06071



9590 9402 3019 7124 5895 79

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9315

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James J. Bendak
 98 Blue Ridge Drive
 Somers, CT 06071



9590 9402 3019 7124 5895 55

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9353

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

Domestic Return Receipt

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

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

OFFICIAL RECEIPT

Certified Mail Fee \$ 3.95

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Po \$ 7.33

Sent To _____
 Street at _____
 City, State _____

Postmark Here
 MAY 1 2022
 05038

David & Nedra W. Mortimer
 76 Rye Hill Circle
 Somers, CT 06071

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

7020 1290 0001 0989 9261

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

OFFICIAL RECEIPT

Certified Mail Fee \$ 2.75

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Post \$ 7.33

Sent To _____
 Street at _____
 City, State _____

Postmark Here
 MAY 1 2022
 05038

Thomas A. Ricci
 62 Rye Hill Circle
 Somers, CT 06071

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

7020 1290 0001 0989 9308

SENDER: COMPLETE THIS SECTION

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

David & Nedra W. Mortimer
 76 Rye Hill Circle
 Somers, CT 06071



Article Number (Transfer from service label)
 7020 1290 0001 0989 9261

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]

B. Received by (Printed Name)
 [Name]

C. Date of Delivery
 [Date]

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Thomas A. Ricci
 62 Rye Hill Circle
 Somers, CT 06071



Article Number (Transfer from service label)
 7020 1290 0001 0989 9308

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]

B. Received by (Printed Name)
 [Name]

C. Date of Delivery
 [Date]

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

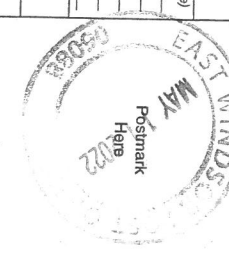
For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ 3.95

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ 53

Total Postage and Fees \$ 7.33



Sent to Michelle Gilman
 Street and Apt. No. or PO Box No. 450 Columbus Blvd.
 City, State, ZIP+4® Hartford CT 06103

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

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

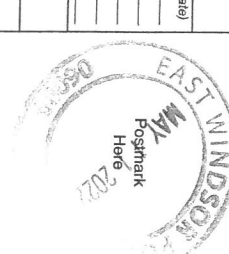
For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ 3.95

Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ 53

Total Postage and Fees \$ 7.33



Sent to Michael Kane
 Street and Apt. No. or PO Box No. 60 Center Street
 City, State, ZIP+4® East Longmeadow MA 01028

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michelle Gilman, Commissioner
 Department of Administrative
 Services
 450 Columbus Boulevard
 Hartford, CT 06103



9590 9402 3019 7124 5894 01

2. Article Number (Transfer from service label)

7020 3160 0000 1815 7746

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee
 B. Received by (Printed Name) COVD-19 C. Date of Delivery 5/15/15
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael Kane, President
 East Longmeadow Town Council
 60 Center Square
 East Longmeadow, MA 01028



9590 9402 3004 7124 8846 72

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9438

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery _____
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

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

Domestic Return Receipt

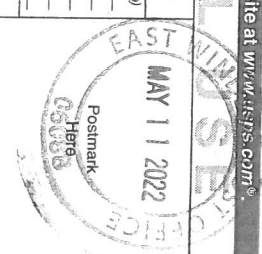
7020 1290 0001 0989 9438

7020 3160 0000 1815 7746

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

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

OFFICIAL RECEIPT



Certified Mail Fee \$ 3.75

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

Return Receipt (hardcopy) \$ 3.05

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total F \$ 7.33

Sent To Nathan F. & Megan B. Champion

Street 95 Loubier Drive

City, State, ZIP+4® Somers, CT 06071

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nathan F. & Megan B. Champion
 95 Loubier Drive
 Somers, CT 06071



9590 9402 3019 7124 5895 86

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9322

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent

B. Received by (Printed Name) [Name] Addressee

C. Date of Delivery 5/5/22

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Insured Mail Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7020 1290 0001 0989 9322

U.S. Postal Service™
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 Domestic Mail Only

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

OFFICIAL USE



Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 1.53

Total Postage and Fees \$ 7.33

Sent To Peter Hearn
 Street and Apt. No. or PO Box No. 79 Elm St PO Box 5066
 City, State ZIP+4® Hartford CT 06106

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Peter B Hearn, Executive Director
 Council on Environmental Quality
 79 Elm Street
 P.O. Box 5066
 Hartford, CT 06106

2. Article Number (Transfer from service label)
 020 1290 0001 0989 9193

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

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
 Kurt Vail
 Representative – 52th District
 Legislative Office Building
 300 Capitol Avenue, Room 4200
 Hartford, CT 06106

2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9407

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Curtis Agent Addressee

B. Received by (Printed Name) Curtis C. Date of Delivery 5-13

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

3. Service Type

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Curtis Agent Addressee

B. Received by (Printed Name) Curtis C. Date of Delivery 5-13

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

3. Service Type

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

Domestic Return Receipt

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

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

OFFICIAL USE



Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 1.53

Total Postage and Fees \$ 7.33

Sent To Kurt Vail
 Street and Apt. No. or PO Box No. 300 Capitol Avenue Room 4200
 City, State ZIP+4® Hartford CT 06106

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

7020 1290 0001 0989 9407

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

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

OFFICIAL USE

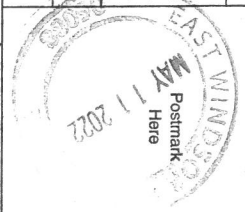
Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent To John Kissel
 Street and Apt. No., or PO Box No. 300 Capitol Avenue Room
 City, State, ZIP+4® Hartford CT 06106-1591



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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John Kissel
 Senator - 7th District
 Legislative Office Building
 300 Capitol Avenue, Room
 Hartford, CT 06106-1591



9590 9402 3004 7124 8847 19

2. Article Number (Transfer from service label)
20 1290 0001 0989 9247

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) Carlin Cas
 C. Date of Delivery 5-13

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Manisha Juthani, M.D.,
 Commissioner
 Department of Public Health
 410 Capitol Avenue
 Hartford, CT 06134



9590 9402 3019 7124 5893 26

2. Article Number (Transfer from service label)
7020 1290 0001 0989 9209

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) Carlin Cas
 C. Date of Delivery 5.13.22

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

7020 1290 0001 0989 9209

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

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

OFFICIAL USE

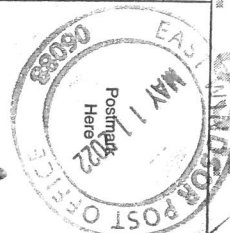
Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent To Manisha Juthani
 Street and Apt. No., or PO Box No. 410 Capitol Avenue
 City, State, ZIP+4® Hartford CT 06134



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

7020 1290 0001 0989 9247

**U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent To William Tong

Street and Apt. No., or PO Box No. 165 Capitol Avenue

City, State, ZIP+4® Hartford, CT 06106

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



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The Honorable William Tong
Attorney General
Office of the Attorney General
165 Capitol Avenue
Hartford, CT 06106

9590 9402 3004 7124 8847 26



2. Article Number (transfer from service label)

7020 1290 0001 0989 9230

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) David S. Cas C. Date of Delivery 5-15

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jeffrey R. Beckham, Acting
Secretary
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106

9590 9402 3019 7124 5893 57



2. Article Number (transfer from service label)

7020 1290 0001 0989 9179

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Adriana Britz C. Date of Delivery 5/13/22

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

7020 1290 0001 0989 9230

7020 1290 0001 0989 9179

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

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 3.05
 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent To Jeffrey Beckham

Street and Apt. No., or PO Box No. 450 Capitol Avenue

City, State, ZIP+4® Hartford, CT 06106

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

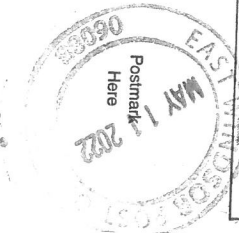


**U.S. POSTAL SERVICE
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ 3.75
 Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$.53



Total Postage and Fees \$ 7.33

Sent to CRCOG
 Street and Apt. No. or PO Box No. 241 Main Street
 City, State, Zip+4 Hartford, CT 06106-5310

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

SENDER: COMPLETE THIS SECTION

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

1. Capitol Region Council of Governments (CRCOG)
 241 Main Street
 Hartford, CT 06106-5310



9590 9402 3004 7124 8846 96

2. Article Number (Transfer from service label)
 7020 1290 000J 0989 94J4

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Cooper Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Tim Keeney, First Selectman
 Town of Somers
 600 Main Street
 Somers, CT 06071



9590 9402 3004 7124 8846 41

2. Article Number (Transfer from service label)
 7020 1290 000J 0989 9469

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ATRS Agent
 B. Received by (Printed Name) C19 Addressee
 C. Date of Delivery 5/13/22

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

**U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee \$ 2.75
 Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$.53



Total Postage and Fees \$ 7.33

Sent to Tim Keeney
 Street and Apt. No. or PO Box No. 600 Main Street
 City, State, Zip+4 Somers, CT 06071

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

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

OFFICIAL MAILING

WINDSOR POST OFFICE
MAY 11 2002
Postmark Here
06083

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$ 53

Total Price \$ 7.33

Sent To

Street 278 George Wood Road

City, St Somers, CT 06071

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

See Reverse for Instructions

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

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

OFFICIAL MAILING

WINDSOR POST OFFICE
MAY 11 2002
Postmark Here
06083

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent To

Street and Apt No or PO Box No 600 Main St

City, State, Zip+4 Somers, CT 06071

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Oliver & Georgianna H. Eastwood
278 George Wood Road
Somers, CT 06071

9590 9402 3019 7124 5896 85

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9377

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature** Signature Agent
- B. Received by (Printed Name)** Addressed
- C. Date of Delivery** 5/13/02
- D. Is delivery address different from item 1?** Yes No
If YES, enter delivery address below:

3. Service Type

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jill Conklin, Chairperson
Somers Zoning Commission
600 Main Street
Somers, CT 06071

9590 9402 3004 7124 8846 65

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9445

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature** Signature Agent
- B. Received by (Printed Name)** Addressee
- C. Date of Delivery** 5/13/02
- D. Is delivery address different from item 1?** Yes No
If YES, enter delivery address below:

3. Service Type

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

Domestic Return Receipt

7020 1290 0001 0989 9377

7020 1290 0001 0989 9445

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

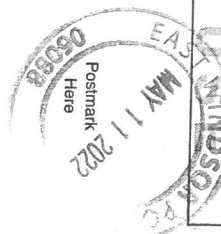
For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee

2.05

- Extra Services & Fees (check box, add fee appropriate)
- Return Receipt (hardcopy) \$ 3.05
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$



Total Postage and Fees

5.33

Sent To

Joan Formeister

Street and Apt. No. or PO Box No.

600 Main St.

City, State, ZIP+4®

Somers CT 06071

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

Joan Formeister, Chairman
 Somers Conservation Commission
 600 Main Street
 Somers, CT 06071



9590 9402 3004 7124 8846 58

2. Article Number (Transfer from service label)

7020 1290 0001 0989 9452

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
- B. Received by (Printed Name) Addressee
 ATRS
- C. Date of Delivery
 5/13/12
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Joseph Gulietti, Commissioner
 Department of Transportation
 P.O. Box 317546
 2800 Berlin Turnpike
 Newington, CT 06131-7546



9590 9402 3019 7124 5893 71

2. Article Number (Transfer from service label)

7020 3160 0000 1815 7777

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 J. B. Gulietti
- B. Received by (Printed Name) Addressee
 J. B. Gulietti
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

Domestic Return Receipt

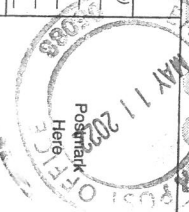
7020 1290 0001 0989 9452

7020 3160 0000 1815 7777

U.S. Postal Service™
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OFFICIAL MAILING



Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 7.33

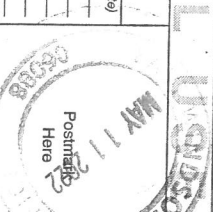
Sent to Melissa Gillett
 Street and Apt. No., or PO Box No. _____
10 New Britain Square
 City, State, ZIP+4® 06051

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

7020 1290 0001 0989 9216

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Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 53

Total Postage and Fees \$ 7.33

Sent to Katie Dykes
 Street and Apt. No., or PO Box No. _____
79 Elm Street
 City, State, ZIP+4® Hartford, CT 06106-5127

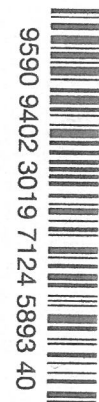
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1290 0001 0989 9216

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Marissa Gillett, Chair
 Public Utilities Regulatory
 Authority
 Ten Franklin Square
 New Britain, CT 06051



9590 9402 3019 7124 5893 40

2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9216

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature COOP Agent Addressee

B. Received by (Printed Name) AMBA MCKINNON C. Date of Delivery 5-22-15

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

3. Service Type

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Katie Dykes, Commissioner
 Department of Energy &
 Environmental Protection
 79 Elm Street
 Hartford, CT 06106-5127



9590 9402 3019 7124 5893 19

2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9216

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature COOP Agent Addressee

B. Received by (Printed Name) COOP C. Date of Delivery 5-22

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

3. Service Type

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

Domestic Return Receipt

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

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

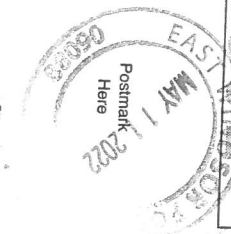
OFFICIAL USE

Certified Mail Fee \$ 3.75

Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$.53

Total Postage and Fees \$ 7.33



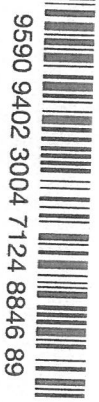
Sent to Robert Cressotti
 Street and Apt. No. of recipient 820 Enfield St.
 City, State, ZIP+4® Enfield, CT 06082

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Robert Cressotti, Mayor
 Town of Enfield
 820 Enfield Street
 Enfield, CT 06082



2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9421
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Steven W. Camerota
 312 North Main Street
 Enfield, CT 06082



2. Article Number (Transfer from service label)
 7020 1290 0001 0989 9384
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Steven W. Camerota C. Date of Delivery 5/13/22

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

3. Service Type

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

Domestic Return Receipt

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

OFFICIAL USE

Certified Mail Fee \$ 3.75

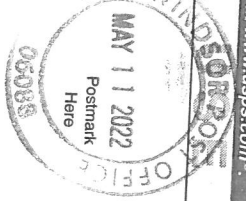
Extra Services & Fees (check box, add fees appropriate)
 Return Receipt (hardcopy) \$ 3.05
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$.53

Total Postage and Fees \$ 7.33

Sent to Steven W. Camerota
 Street 312 North Main Street
 City, St Enfield, CT 06082

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



7020 1290 0001 0989 9421

7020 1290 0001 0989 9384