

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:

Tax ID: 22-3-28
 Name: Kenneth & Mariellen Schneider
 Address: Box 35
 Newtown, CT 06470

2. Article Number
(Transfer from service label)

7008 0150 0001 6869 6911

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ken Schneider* Agent
 Address

B. Received by (Printed Name)

KEN SCHNEIDER

C. Date of Delivery

2-6-04

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**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:

Tax ID: 22-3-29 LT 32
 Name: Beverly A. Bennett
 Address: 17 Scenic View Drive
 Newtown, CT 06470

2. Article Number
(Transfer from service label)

7008 0150 0001 6869 6928

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Beverly Bennett* Agent
 Address

B. Received by (Printed Name)

Beverly Bennett

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**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:

Tax ID: 4-5-4
 Name: Gary Tannenbaum & Helen J. Mills
 Address: 36 Pond Brook Road
 Newtown, CT 06470

2. Article Number
(Transfer from service label)

7008 0150 0001 6869 6942

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gary Tannenbaum* Agent
 Address

B. Received by (Printed Name)

GARY TANNENBAUM

C. Date of Delivery

2/2/04

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

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:

Tax ID: 22-3-25 LT 38
 Name: Gerard & Sheila A. Cole
 Address: 9 Scenic View Drive
 Newtown, CT 06470

2. Article Number

(Transfer from service label)

7008 0150 0001 6869 6881

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sheila Cole Agent
 Address

B. Received by (Printed Name)

C. Date of Delivery

Sheila Cole 2-7-0

- 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

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:

Tax ID: 22-3-26 LT 37
 Name: Daniel K. & Cheryl A. Gotthardt
 Address: 11 Scenic View Drive
 Newtown, CT 06470

2. Article Number

(Transfer from service label)

7008 0150 0001 6869 6898

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Dan Gotthardt Agent
 Address

B. Received by (Printed Name)

C. Date of Delivery

Dan Gotthardt 2/12/0

- 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

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:

Tax ID: 22-3-27
 Name: Anthony J. & Elizabeth A. Viglione
 Address: 13 Scenic View Drive
 Newtown, CT 06470

2. Article Number

(Transfer from service label)

7008 0150 0001 6869 6904

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Viglione Agent
 Address

B. Received by (Printed Name)

C. Date of Delivery

B. Viglione 2-6-0

- 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

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:

Tax ID: 22-3-20
 Name: Evelyn J. Bennett Trustee
 Address: 10 Bonnybrook Drive
 New Milford, CT 06776

2. Article Number

(Transfer from service label)

7008 0150 0001 6869 6836

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Evelyn J. Bennett Agent
 Address

B. Received by (Printed Name)

Evelyn Bennett 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**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:

Tax ID: 22-3-21
 Name: James B. & Ann M. Glaser
 Address: ~~189 Mainover Road~~
 Newtown, CT 06470

2. Article Number

(Transfer from service label)

7008 0150 0001 6869 6843

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

James B. Glaser Agent
 Address

B. Received by (Printed Name)

JAMES B. GLASER 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**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:

Tax ID: 22-3-24 LT 39
 Name: Robert Tinkler & Kara A. Connelly
 Address: 7 Scenic View Drive
 Newtown, CT 06470

2. Article Number

(Transfer from service label)

7008 0150 0001 6869 6874

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert Tinkler Agent
 Address

B. Received by (Printed Name)

R. Tinkler 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

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:

Tax ID: 22-1-1
 Name: David R. & David J. Lewis
 Address: 7 Obtuse Rocks Road
 Brookfield, CT 06804

2. Article Number
(Transfer from service label)

7008 0150 0001 6869 6805

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/5/04

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

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:

Tax ID: 22-1-2
 Name: Leslie K. Crannell
 Address: 1 Obtuse Rocks Road
 Brookfield, CT 06804

2. Article Number
(Transfer from service label)

7008 0150 0001 6869 6812

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/5/04

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

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:

Tax ID: 22-1-4
 Name: Daniel P & Shirley A. Coakley
 Address: P.O. Box 559
 Newtown, CT 06470

2. Article Number
(Transfer from service label)

7008 0150 0001 6869 6829

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/13/04

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

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:

Tax ID: 22-3-1
 Name: Robert M. & Catherine P. McNamara
 Address: 6 Driftway Drive
 Newtown, CT 06470

2. Article Number
(Transfer from service label)

7008 0150 0001 6869 6775

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Address

B. Received by (Printed Name) *Robert McNamara* C. Date of Delivery *2-9-04*

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

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:

Tax ID: 22-3-2
 Name: Kevin & Judy A. Corrigan
 Address: 4 Driftway Drive
 Newtown, CT 06470

2. Article Number
(Transfer from service label)

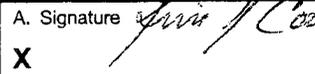
7008 0150 0001 6869 6782

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Address

B. Received by (Printed Name) *Kevin Corrigan* C. Date of Delivery *2-6-04*

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

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:

Tax ID: 22-3-3
 Name: Anna B. Finnegan
 Address: 2 Driftway Drive
 Newtown, CT 06470

2. Article Number
(Transfer from service label)

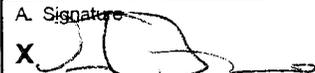
7008 0150 0001 6869 6799

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

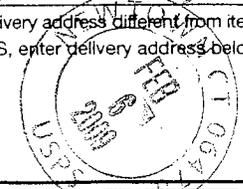
A. Signature  Agent
 Address

B. Received by (Printed Name) *Anna B. Finnegan* C. Date of Delivery *2-9-04*

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





[Home](#) | [Help](#)

[Track & Confirm](#)

Track & Confirm

Search Results

Label/Receipt Number: 7008 0150 0001 6869 6867
Associated Label/Receipt:
Detailed Results:

- Delivered, February 07, 2009, 10:14 am, NEWTOWN, CT 06470
- Notice Left, February 06, 2009, 1:41 pm, NEWTOWN, CT 06470

[< Back](#)

[Return to USPS.com Home >](#)

Track & Confirm

Enter Label/Receipt Number.

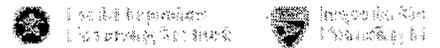
Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

[Site Map](#) [Contact Us](#) [Forms](#) [Gov't Services](#) [Jobs](#) [Privacy Policy](#) [Terms of Use](#) [National & Premier Accounts](#)

Copyright© 1999-2007 USPS. All Rights Reserved. No FEAR Act EEO Data FOIA

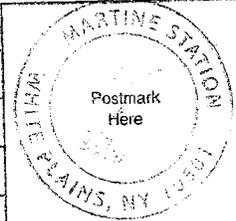


7008 0150 0001 6869 6867

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	\$



Tax ID: 22-3-23 LT 40
 Name: Marc A. & Elizabeth J. Cartisano
 Address: 5 Scenic View Drive
 Newtown, CT 06470

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



[Track & Confirm](#)

Track & Confirm

Search Results

Label/Receipt Number: 7008 0150 0001 6869 6850

Associated Label/Receipt:

Detailed Results:

- Delivered, February 09, 2009, 10:05 am, NEWTOWN, CT 06470
- Notice Left, February 06, 2009, 1:42 pm, NEWTOWN, CT 06470

[< Back](#)

[Return to USPS.com Home >](#)

Track & Confirm

Enter Label/Receipt Number.

Notification Options

Track & Confirm by email

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

[Go >](#)

[Site Map](#)

[Contact Us](#)

[Forms](#)

[Gov't Services](#)

[Jobs](#)

[Privacy Policy](#)

[Terms of Use](#)

[National & Premier Accounts](#)

Copyright© 1999-2007 USPS. All Rights Reserved.

No FEAR Act EEO Data

FOIA



For all information
visit our website at [www.usps.com](#)



For all information
visit our website at [www.usps.com](#)

7008 0150 0001 6869 6850

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
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 \$	
Sent To	Tax ID: 22-3-22 LT F
Street, Apt. No., or PO Box No.	Name: Vincent D. & Kathleen M. Brophy
City, State, ZIP*	Address: 3 Scenic View Drive Newtown, CT 06470
PS Form 3800	





[Home](#) | [Help](#)

[Track & Confirm](#)

Track & Confirm

Search Results

Label/Receipt Number: 7008 0150 0001 6869 6959
Associated Label/Receipt:
Detailed Results:

- Delivered, February 23, 2009, 3:48 pm, NEWTOWN, CT 06470
- Notice Left, February 06, 2009, 1:51 pm, NEWTOWN, CT 06470

[< Back](#)

[Return to USPS.com Home >](#)

Track & Confirm

Enter Label/Receipt Number.

Notification Options

Track & Confirm by email

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

[Go >](#)

[Site Map](#) [Contact Us](#) [Forms](#) [Gov't Services](#) [Jobs](#) [Privacy Policy](#) [Terms of Use](#) [National & Premier Accounts](#)

Copyright© 1999-2007 USPS. All Rights Reserved. No FEAR Act EEO Data FOIA



U.S. Mail by postmark
Postmarking Station



Postmarking Station
Postmarking Station

7008 0150 0001 6869 6959

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		

Tax ID: 22-3-31

Name: Ruth Ann & Rufus A. Ayers
 Address: 20 Dinglebrook Lane
 Newtown, CT 06470

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

Postmark Here

WHITE PLAINS, NY 10619
 MARTINE STATION

PS Form 3800

February 24, 2009

VIA FIRST CLASS MAIL

Jodi Edwards Vanmuijen
19 Scenic View Drive
Newtown, CT 06470

Re: AT&T
Proposed Wireless Telecommunications Facility
24 Dinglebrook Lane, Newtown, Connecticut
Application to the State of Connecticut Siting Council

Dear Ms. Vanmuijen:

Our office previously attempted to contact you on behalf of our clients New Cingular Wireless PCS, LLC ("AT&T") with respect to the above referenced matter. A certified return receipt letter dated February 4, 2009 was returned to our office undelivered. We sent this letter to provide details regarding the submission of an application to the Connecticut Siting Council for approval of a wireless communications facility. The address listed for you corresponds with the records on file with the Town of Newtown as an owner of property abutting the subject parcel detailed below and in our previous letter. Our office sent this current letter along with the original February 4th letter via first class mail in hopes that this method may be successful in reaching you.

Our correspondence is in accordance with State law requiring applicants to send notice of their intent to submit an application to record owners of property that abut a parcel on which the proposed facility may be located. The application was filed with the State on February 13, 2009.

The property being considered for the proposed Facility is located at 24 Dinglebrook Lane. The proposed Facility will be located in the central portion of the parcel and will consist of a 150-foot self-supporting monopole tower, antennas and 50'x 75' fenced equipment compound designed to accommodate unmanned equipment in single-story equipment buildings or on concrete pads.

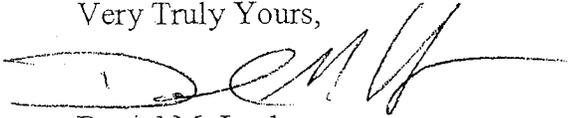
Vehicular access to the site will extend along the existing drive as well as a new 360' long gravel access drive to the proposed Facility. Underground utility connections would extend along the access drive from an existing location on site.

The location, height and other features of the proposed Facility are subject to review and potential change by the Connecticut Siting Council under the provisions of Connecticut General Statutes §16-50g et seq.

February 24, 2009
Page 2

If you have any questions concerning this application, please do not hesitate to contact the Connecticut Siting Council or the undersigned.

Very Truly Yours,

A handwritten signature in black ink, appearing to read 'DML', with a long horizontal flourish extending to the right.

Daniel M. Laub

Enclosures
DML/ec

February 4, 2009

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jodi Edwards Vanmuijen
19 Scenic View Drive
Newtown, CT 06470

Re: AT&T
Proposed Wireless Telecommunications Facility
24 Dinglebrook Lane, Newtown, Connecticut
Application to the State of Connecticut Siting Council

Dear Ms. Vanmuijen:

We are writing to you on behalf of our client AT&T with respect to the above referenced matter and our client's intent to file an application with the State of Connecticut Siting Council for approval of a proposed wireless communications tower facility (the "Facility") within the Town of Newtown. State law requires that owners of record of property that abuts a parcel on which a facility is proposed be sent notice of an applicant's intent to file an application with the Siting Council.

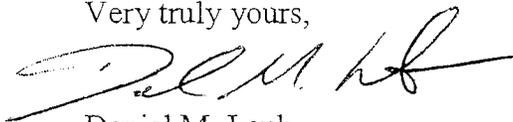
The property being considered for the proposed Facility is located at 24 Dinglebrook Lane. The proposed Facility will be located in the central portion of the parcel and will consist of a 150-foot self-supporting monopole tower, antennas and 50' x 75' fenced equipment compound designed to accommodate unmanned equipment in single-story equipment buildings or on concrete pads.

Vehicular access to the site will extend along the existing drive as well as a new 360' long gravel access drive to the proposed Facility. Underground utility connections would extend along the access drive from an existing location on site.

The location, height and other features of the proposed Facility are subject to review and potential change by the Connecticut Siting Council under the provisions of Connecticut General Statutes §16-50g et seq.

If you have any questions concerning this application, please do not hesitate to contact the Connecticut Siting Council or the undersigned after February 9, 2008, the date which the application is expected to be on file.

Very truly yours,



Daniel M. Laub
DML/ec

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

~~Tax ID: 22-3-30 LT 30-31
Name: Jodi Edwards Vanmuyse
Address: 1000 View Drive
Newtown, CT 06470~~

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

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)

7008 0150 0001 6869 6935

Handwritten notes and stamps, including a circular postmark and a signature.

CERTIFIED MAIL™



7008 0150 0001 6869 6935



UNITED STATES POSTAL SERVICE
FIRST CLASS
\$05.32
0004276907 FEB 04 2009
MAILED FROM ZIP CODE 10001

RECEIVED
MAIL ROOM
FEB 04 2009



UNDELIVERABLE AS
ADDRESSED
UNABLE TO FORWARD

Fwd
Tax ID: ~~23-30-PT-30-11~~
Name: ~~Jodi Edwards Vanmullen~~
Address: ~~19 Seismic View Drive~~
~~New York, NY 10070~~

