

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

SENDER: COMPLETE THIS SIDE 2475 552E 0000 0262 6702 **DELIVERY**

- 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:
Amy & Adam Sobek
151 Meadow St,
Litchfield CT 06759

2. Article Number (Transfer from service label)

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

A. Signature
X AS JT R+2 Agent
 Addressee

B. Received by (Printed Name)
CV+9

C. Date of Delivery
3-29

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

9590 9402 5904 0049 9867 92

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

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

SENDER: COMPLETE THIS SIDE 2275 552E 0000 0262 6702 **DELIVERY**

- 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:
Laura Lasker
167 Meadow St,
Litchfield CT 06759

2. Article Number (Transfer from service label)

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

A. Signature
X LL JT R+2 Agent
 Addressee

B. Received by (Printed Name)
CV+9

C. Date of Delivery
3-29

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

9590 9402 5904 0049 9868 08

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

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

SENDER: COMPLETE THIS SIDE 5875 552E 0000 0262 6702 **DELIVERY**

- 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:
Claire Hartman
162 Meadow St,
Litchfield CT 06759

2. Article Number (Transfer from service label)

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery

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

A. Signature
X CH JT R+2 Agent
 Addressee

B. Received by (Printed Name)
CV+9

C. Date of Delivery
3-29

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

9590 9402 5904 0049 9867 23

7019 2970 0000 3755 5165

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Litchfield, CT 06759

| | | | |
|--|--|--------|------|
| Certified Mail Fee | | \$3.60 | 0750 |
| Extra Services & Fees (check box, add fee as appropriate) | | \$2.85 | 03 |
| <input type="checkbox"/> Return Receipt (hardcopy) | | \$0.00 | |
| <input type="checkbox"/> Return Receipt (electronic) | | \$0.00 | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Required | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | | \$0.00 | |
| Postage | | \$0.55 | |
| Total Postage and Fees | | \$7.00 | |
| Sent To | | | |
| Street and Apt. No., or PO Box No. | | | |
| City, State, ZIP+4® | | | |

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

7019 2970 0000 3755 5215

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Litchfield, CT 06759

| | | | |
|--|--|--------|------|
| Certified Mail Fee | | \$3.60 | 0750 |
| Extra Services & Fees (check box, add fee as appropriate) | | \$2.85 | 03 |
| <input type="checkbox"/> Return Receipt (hardcopy) | | \$0.00 | |
| <input type="checkbox"/> Return Receipt (electronic) | | \$0.00 | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Required | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | | \$0.00 | |
| Postage | | \$0.55 | |
| Total Postage and Fees | | \$7.00 | |
| Sent To | | | |
| Street and Apt. No., or PO Box No. | | | |
| City, State, ZIP+4® | | | |

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

7019 2970 0000 3755 5178

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Litchfield, CT 06759

| | | | |
|--|--|--------|------|
| Certified Mail Fee | | \$3.60 | 0750 |
| Extra Services & Fees (check box, add fee as appropriate) | | \$2.85 | 03 |
| <input type="checkbox"/> Return Receipt (hardcopy) | | \$0.00 | |
| <input type="checkbox"/> Return Receipt (electronic) | | \$0.00 | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Required | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | | \$0.00 | |
| Postage | | \$0.55 | |
| Total Postage and Fees | | \$7.00 | |
| Sent To | | | |
| Street and Apt. No., or PO Box No. | | | |
| City, State, ZIP+4® | | | |

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

7019 2970 0000 3755 5208

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Litchfield, CT 06759

| | | | |
|--|--|--------|------|
| Certified Mail Fee | | \$3.60 | 0750 |
| Extra Services & Fees (check box, add fee as appropriate) | | \$2.85 | 03 |
| <input type="checkbox"/> Return Receipt (hardcopy) | | \$0.00 | |
| <input type="checkbox"/> Return Receipt (electronic) | | \$0.00 | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Required | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | | \$0.00 | |
| Postage | | \$0.55 | |
| Total Postage and Fees | | \$7.00 | |
| Sent To | | | |
| Street and Apt. No., or PO Box No. | | | |
| City, State, ZIP+4® | | | |

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

7019 2970 0000 3755 5161

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Brooklyn, NY 11201

| | | | |
|--|--|--------|------|
| Certified Mail Fee | | \$3.60 | 0750 |
| Extra Services & Fees (check box, add fee as appropriate) | | \$2.85 | 03 |
| <input type="checkbox"/> Return Receipt (hardcopy) | | \$0.00 | |
| <input type="checkbox"/> Return Receipt (electronic) | | \$0.00 | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Required | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | | \$0.00 | |
| Postage | | \$0.55 | |
| Total Postage and Fees | | \$7.00 | |
| Sent To | | | |
| Street and Apt. No., or PO Box No. | | | |
| City, State, ZIP+4® | | | |

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

7019 2970 0000 3755 5192

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Litchfield, CT 06759

| | | | |
|--|--|--------|------|
| Certified Mail Fee | | \$3.60 | 0750 |
| Extra Services & Fees (check box, add fee as appropriate) | | \$2.85 | 03 |
| <input type="checkbox"/> Return Receipt (hardcopy) | | \$0.00 | |
| <input type="checkbox"/> Return Receipt (electronic) | | \$0.00 | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Required | | \$0.00 | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | | \$0.00 | |
| Postage | | \$0.55 | |
| Total Postage and Fees | | \$7.00 | |
| Sent To | | | |
| Street and Apt. No., or PO Box No. | | | |
| City, State, ZIP+4® | | | |

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

- 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:
 Doran Lamond
 160 Meadow St.
 Litchfield CT 06759



2. Article Number (Transfer from service label)

A. Signature
 X D L J T R 2 Agent Addressee

B. Received by (Printed Name)
 C U T 9

C. Date of Delivery
 3/29

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



- 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:
 Dirk & Maria Patterson
 49 Wolcott St.
 Litchfield CT 06759



2. Article Number (Transfer from service label)

A. Signature
 X D P J T R 12 Agent Addressee

B. Received by (Printed Name)
 C U T 9

C. Date of Delivery
 3/29

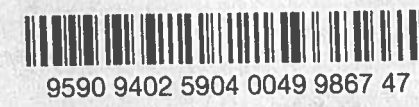
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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



- 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:
 Timothy Perusse
 150 Meadow St.
 Litchfield CT 06759



2. Article Number (Transfer from service label)

A. Signature
 X T P J T R 12 Agent Addressee

B. Received by (Printed Name)
 C U T 9

C. Date of Delivery
 3/29

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

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

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

Litchfield, CT 06759

| | |
|--|--------|
| Certified Mail Fee | \$3.60 |
| Extra Services & Fees (check box, add fee as appropriate) | \$2.85 |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |

| | |
|------------------------|--------|
| Postage | \$0.55 |
| Total Postage and Fees | \$7.00 |



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

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

7019 2970 0000 3755 5147

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

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

Litchfield, CT 06759

| | |
|--|--------|
| Certified Mail Fee | \$3.60 |
| Extra Services & Fees (check box, add fee as appropriate) | \$2.85 |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |

| | |
|------------------------|--------|
| Postage | \$0.55 |
| Total Postage and Fees | \$7.00 |



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

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

7019 2970 0000 3755 5154

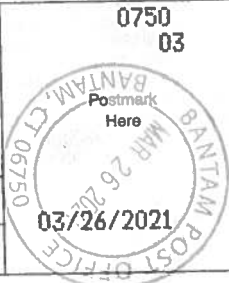
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Litchfield, CT 06759

| | |
|--|--------|
| Certified Mail Fee | \$3.60 |
| Extra Services & Fees (check box, add fee as appropriate) | \$2.85 |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |

| | |
|------------------------|--------|
| Postage | \$0.55 |
| Total Postage and Fees | \$7.00 |



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

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

7019 2970 0000 3755 5123

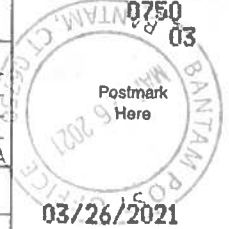
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Litchfield, CT 06759

| | |
|--|--------|
| Certified Mail Fee | \$3.60 |
| Extra Services & Fees (check box, add fee as appropriate) | \$2.85 |
| <input type="checkbox"/> Return Receipt (hardcopy) | \$0.00 |
| <input type="checkbox"/> Return Receipt (electronic) | \$0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$0.00 |
| <input type="checkbox"/> Adult Signature Required | \$0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |

| | |
|------------------------|--------|
| Postage | \$0.55 |
| Total Postage and Fees | \$7.00 |



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

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

7019 2970 0000 3755 5130