

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

**Official USE**

Certified Mail Fee \$3.60

\$2.85

0750 03

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

Postmark  
Here

03/03/2021

Postage \$0.55

Total Postage \$7.00

Sent To David R. Levin & Sarah Kimberly

Welch

Street and Apt

PO Box 128

City, State, Zip

Litchfield, CT 06759

PS Form 3800 April 2015 PSN 7530-02-000-9004-7 See Reverse for Instructions

7018 3090 0001 4402 5497

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☐ Adult Signature Restricted Delivery \$0.00

Postmark  
Here

03/03/2021

Postage \$0.55

Total Postage \$7.00

Sent To Perley H. Grimes Jr., Trustee

PO Box 278

Street and Apt

Litchfield, CT 06759

City, State, Zip

PS Form 3800 April 2015 PSN 7530-02-000-9004-7 See Reverse for Instructions

7018 3090 0001 4402 7309

## 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:

Quay Family Farm, LLC  
PO Box 686  
Litchfield, CT 06759



9590 9402 4920 9032 9289 70

2. Article Number (Transfer from service label)

7018 3090 0001 4402 7286

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)

C. Date of Delivery

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

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

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1. Article Addressed to:

Frederick H. Parkin Jr. & Wendy  
Darling  
2260 Vallejo Street  
San Francisco, CA 94123



9590 9402 4920 9032 9297 31

2. Article Number (Transfer from service label)

7018 3090 0001 4402 7293

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)

C. Date of Delivery

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

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

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Richard L. & Shirley G. Bouffard  
290 Beach Street  
Litchfield, CT 06759



9590 9402 4920 9032 9297 24

2. Article Number (Transfer from service label)

7018 3090 0001 4402 7294

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- |  |   |
|--|---|
| <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        |   |

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## 1. Article Addressed to:

Russell Barton  
PO Box 1473  
Washington, CT 06793



9590 9402 4920 9032 9298 61

## 2. Article Number (Transfer from service label)

7018 3090 0001 4402 2342

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

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x *M. Archer*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*MO ARCHER*

## C. Date of Delivery

07-09-21

- 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™  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

## SENDER: COMPLETE THIS SECTION

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## 1. Article Addressed to:

Halcyon Litchfield Properties, LLC  
231 Beach Street  
Litchfield, CT 06759



9590 9402 4920 9032 9296 94

## 2. Article Number (Transfer from service label)

7018 3090 0001 4402 5534

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

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x *LP Person COVID 19*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*LP RTY*

## C. Date of Delivery

3-5-21

- 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™  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

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## 1. Article Addressed to:

Richard L. Bouffard  
290 Beach Street  
Litchfield, CT 06759



9590 9402 4920 9032 9298 54

## 2. Article Number (Transfer from service label)

7018 3090 0001 4402 5510

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x *LPerson RTY*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*LP COVID 19*

## C. Date of Delivery

3-5-21

- 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™  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)

## SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Raymond Damiani  
375 Beach Street  
Litchfield, CT 06759



9590 9402 4920 9032 9297 17

2. Article Number (Transfer from service label)

7018 3090 0001 4402 2359

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

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x LP- Covid RTY ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

LP- E.A. Covid 19

C. Date of Delivery

3-5-21

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

## SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Edgar S. V. & Susan Z. Auchincloss  
276 Beach Street  
Litchfield, CT 06759



9590 9402 4920 9032 9297 62

2. Article Number (Transfer from service label)

7018 3090 0001 4402 5503

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

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x LP- E.A. Covid 19 ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

LP- E.A. Covid 19

C. Date of Delivery

3-5-21

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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ann Basti  
258 Beach Street  
Litchfield, CT 06759



9590 9402 4920 9032 9298 47

2. Article Number (Transfer from service label)

7018 3090 0001 4402 5527

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x LP- Covid RTY ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

LP- Covid 19

C. Date of Delivery

3-5-21

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