TOWN of Newmarket	MPDES 12-05
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Evan J. Mulholland Assistant Attorney General New Hampshire Department of Justice	ECEIVED S. F.P.A 123 Fill PPEALS
33 Capitol Street Concord, NH 03301	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 16	-80 0000 5220 1823
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

TOWN of Newmarket	HPDES 13-05
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
	Christophe Carcheson 1-13-14
Article Addressed to:	D. Is delivery address afferent from item 1? Yes If YES, enter delivery address below: No
Thomas F. Irwin CLF New Hampshire	CEIVE 23 P
Conservation Law Foundation 27 North Main Street Concord, NH 03301	3. Service Type State Contified Mail Contified Mai
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	1680 0000 5220 1830
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540