| Windfull all | 40C14-134 |
|---|---|
| SENDER COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signeture |
| Item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Addressee |
| so that we can return the card to you. | B. Received by (Printed Name) C., Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | 17. Sm/th = 6-19-19 |
| | D. Is delivery address different from item 1? Yes |
| Article Addressed to: | If YES, enter delivery address below: |
| | A SE SE |
| Travis P. Smith | PPE PPE |
| 315 Gearhart Lane | E S EEV |
| DuBois, PA 15801 | 3. Service Type |
| DuBois, FA 13001 | Certified Mail CO Engress Mail |
| | Registered CD Return Receipt for Merchandisc |
| | ☐ Insured Mail ☐ COD. 4. Restricted Delivered (Extra Fee) ☐ Yes |
| | |
| 2. Article Number 7 0 6 | 9 3230 0000 9452 0904 |
| | eturn Receipt 102595-02-M-154 |
| Silver State of the second of | |
| Wind tall Dil | 1100 161-73 et al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Jours Bally AND |
| so that we can return the card to you. | B, Received by (Printed Name) C. Date of Deliver |
| Attach this card to the back of the mailpiece, or on the front if space permits. | Louise Beat 1 |
| | D. Is delivery address different from item 1? Yes |
| Article Addressed to: | If YES, enter delivery address below: No |
| ∞ ₩. | 21 |
| Darryl Beatty | |
| 3447 Shamokin Trail | |
| Luthersburg, PA 15848 | 3. Service Type |
| Luthersome, 177 | ∫Ø Certified Mail ☐ Express Mail |
| | ☐ Registered ☐ Return Receipt for Merchandis ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number | 008 3230 0000 9452 7163 |
| (Transfer from service label) | 000 3630 0000 1436 (783 |
| PS Form 3811, February 2004 Domestic R | Return Receipt 102595-02-M-15 |
| Windtall Oil | |
| | DIC 14-73 Ctal |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Service aruson Agent |
| so that we can return the card to you | LI Addressee |
| Attach this card to the back of the mailpiece, or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery |
| Article Addressed to: | D. Is delivery address eifferent from item 1? Yes |
| | If YES, enter delivery address below: |
| т - | A S CZ |
| Terry Lawson | S. 21 |
| Carole Lawson | W Q WW |
| 1042 Highland Street E | - D D< |
| DuBois, PA 15801 | 3. Service Type |
| , -11 13001 | Certified Mail Registered Registered Registered Registered Registered Registered Registered Registered Registered |
| | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Article Number (Transfer from service label) | 8 3230 0000 9452 715b |
| Trignolog (form Service label) [U U | vean nong 1436 (736 |

Domestic Return Receipt

| Windfell Oil | 110c 10-73 of il |
|---|---|
| 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. | A. Signature X |
| Attach this card to the back of the mailpiece, or on the front if space permits. | D. Is delivery address different from item 17 1 Yes |
| Article Addressed to: | If YES, enter deliver address below. |
| | S 80. |
| Leslie Swope | 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| 310 Olive Avenue | 3. Service Type |
| DuBois, PA 15801 | Certified Mail Registered Insured Mail C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Article Number (Transfer from service label) | 18 3230 0000 9450 3570 |
| PS Form 3811, February 2004 Domestic | Return Receipt 102595-02-M-15 |
| Windfull are | 1120 14-13 stal |
| 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 | A. Signature X. Rw Jerus Ju Agent Address |
| 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. | B. Received by (Printed Name) C. Date of Deliver Resumes G-78-15 |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below. |
| Rev. James Green | S. E S. E N. P.P.I |
| Sherry Green | E A FIN |
| Robert Green | |
| 815 Reynoldsville Sykesville Road | 3. Service Type |
| Reynoldsville, PA 15851 | Registered Insured Mail 22 C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) 7 🔲 | 08 3230 0000 9450 3624 · |
| PS Form 3811, February 2004 Domestic | Return Receipt 102595-02-M-18 |
| Windsau Oil | COMPLETE THIS SECTION ON DELIVERY |
| ENDER: COMPLETE THIS SECTION | A. Şighatura |
| Complete items 1, 2, and 3. Also complete | Agent Agent |
| item 4 if Restricted Delivery is desired. | Addressee |
| 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, | B. Received by (Printed Name) John M. Calabates 6/18/10 |
| Print your name and address on the reverse | B. Received by (Printed Name) C. Date of Delivery |
| 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. | B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery |
| 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: | B. Received by (Printed Name) C. Date of Delivery Chin M. Calabuts C. Date of Delivery C. Date of Delivery C. Date of Delivery |
| 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: John M. Glabicki | B. Received by (Printed Name) John M. (2005) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: A PP PE A P A P |
| 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: | B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery |
| 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: John M. Glabicki 551 North Street | B. Received by (Printed Name) John M. Zalass 6/18/10 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: A PP TO |

| Windfull Oil | 1600 14-73 et al |
|---|--|
| 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 | A. Signature Agent Addressee |
| 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. | So ANTASSONS |
| 1. Article Addressed to: | D. Is delivery address different from item 1? |
| | RECE U.S. E UN 25 APPE |
| John Parsons | 3, Service Type |
| 111 W. Long Ave. Apt. 2K DuBois, PA 15801 | Certified Mail Depress Mail Registered Depress Mail Receipt for Merchandise Insured Mail Depress |
| | 4. Restricted Delivery? (Extra Fee) |
| Article Number (Transfer from service label) | 7008 3230 0000 9452 0737 |
| | Return Receipt 102595-02-M-1540 |
| 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 | A Signature Agent Addressee |
| 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. | B. Received by (Printed Name) C. Date of Delivery |
| . Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | 9 |
| Harriet J. Moyer 366 Toby Road | 2015 . |
| Kersey, PA 15846 | 3. Service Type A Something To Something The Source Main To Source |
| | Registered Registered Register Merchandise |
| | ☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number | |
| (Transfer from service label) | 108 3230 0000 7452 0799 |
| PS Form 3811, February 2004 Domestic R | Neturn Receipt 20 102595-02-M-1540 |
| Winkfall Oil | 400 14-73 et al |
| ENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signature |
| Print your name and address on the reverse | X Gent Addressee |
| 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. | B. Received by (Printed Name) C. Date of Delivery Development B-19-15 |
| Article Addressed to: | D. Is delivery address different from item 1? Yes |
| | If YES, enter delivery address below: ☐ No |
| James Sykes | A € 52 |
| 1233 Treasure Lake | S. E S. E PPE |
| DuBois, PA 15801 | 3. Service Type - TO TO < |
| | Certified Mail |
| | 4. Restricted Delivery? (Sector Fee) |
| Article Number 7 1 1 | 18 3230 0000 9450 3389 |
| (Transfer from contine lobe) | , |

Domestic Return Receipt

| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Article Addressed to: Margaret Cyphert 141 Sher De Lin Road DuBois, PA 15801 Article Addressed to: Margaret Cyphert 142 Sher De Lin Road DuBois, PA 15801 Article Addressed to: Margaret Cyphert 143 Sher De Lin Road DuBois, PA 15801 Article Addressed to: Margaret Cyphert 144 Sher De Lin Road DuBois, PA 15801 Article Addressed to: Margaret Cyphert 145 Sher De Lin Road DuBois, PA 15801 Article Addressed to: Margaret Cyphert 146 Sher De Lin Road DuBois, PA 15801 Article Addressed to: Margaret Cyphert 147 Sher De Lin Road DuBois, PA 15801 Article Addressed to: WINDER COMPLETE THIS SECTION BENDER COMPLETE THIS SECTION British from service labely A Signature A Signatur | Ventsull Dil | UTC 14-73 et al |
|--|--|--|
| Addressed to: Article Arti | ENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. Article Addressed to: D. in delivery addressed from litera 17 Yes Yes | | +A . 1 DAgent |
| Article Addressed to: Margaret Cyphert | so that we can return the card to you. Attach this card to the back of the mailpiece, | |
| Margaret Cyphert 141 Sher De Lin Road DuBois, PA 15801 3. Service Type Gentited Mail Color Service Se | Article Addressed to: | |
| Margaret Cyphert 141 Sher De Lin Road DuBois, PA 15801 3. Service Type Gertfied Mail Coll Sciences Mail Registered DuBois, PA 15801 Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt TOSSS-02-M-15 Complete items 1, 2, and 3, Also complete services and address on the reverse or on the front if space permits. Article Addressed to: Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 Senvice Type Complete items 1, 2, and 3, Also complete lensured Mail Registered DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail Registered DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Complete items 1, 2, and 3, Also complete lensured Mail DuBois PA 15801-8943 Comple | | |
| Article Number (Transfer from service laber) Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 Brady LaBorde Patricia LaBorde Afficie Number (Transfer from service laber) 2. Article Number (Transfer from service laber) PS Form 3811, February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete items 4; February 2004 Assignature Complete items 1, 2, and 3. Also complete items 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete items 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete items 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete items 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete item 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete item 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete item 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete item 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete item 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete item 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete item 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete item 4; February 2004 Sender of the back of the maliplece, or on the front if space permits. 1. Article Addressed to: Sender of the space permits. 1. Article Addressed to: Sender of the space permits. 1. Article Addressed to: As Signatury 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete items 4; February 2004 Domestic Return Receipt Complete items 1, 2, and 3. Also complete items 4; February 2004 Domestic Return Receipt Domestic Return Receipt Complete items 1, 2, and 3. Also complete items 4; February 2004 Domestic Return Rec | | |
| Article Number (Transfer from service laber) 2. Article Addressed to: Article Addressed to: Arti | | 3 Sentice Type |
| Article Number (**Restricted Deliverigation** Feel**) Article Number (**Restricted Deliverigation** Feel**) Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 41 fine Service labely Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 Degrees Mail Perint 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 Number (**Restricted Delivery is desired.** Print your name and address on the reverse so that we can return the card to you. A Signature A | DuBois, PA 15801 | Registered CARETURE Receipt for Merchandise |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Particia LaBorde Patricia LaBorde P | | |
| 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: Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 Service Type Conflicted Mail Conduction PRomitser from service labely PS Form 3811, February 2004 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature X. Actual Addressed by (Pipiged Name) C. Date of Delivery PS, enter delivery address below. No. Service Type Complete items 1, 2, and 3, Also complete items 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: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 Received by (Pipiged Name) Complete items 1, 2, and 3, Also complete items 4 if Restricted Delivery address different from item 1? I vest it was a complete items and address on the reverse so that we can return the card to you. In a fine the fine of the mailpiece, or on the front if space permits. 1. Article Addressed to: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 | Article Number 7 🛮 🗘 3 | 1680 0000 5220 1908 |
| 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. Brady LaBorde Patricia Mail Patricia | S Form 3811, February 2004 Domestic R | leturn Receipt 102595-02-M-15 |
| 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. Brady LaBorde Patricia Mail Patricia | 111101611 01 | to mer want etal |
| ■ 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: Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 Bregistered DuBois, PA 15801-8943 3. Service Type Cortified Mail Cortified Selection Insured Mail Cortified Mail Cortif | | |
| tem 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: Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 Bregistered Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 3. Service Type Cortified Mail Cortified Mai | | |
| ■ 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: ■ Patricia LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 ■ 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: ■ 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: ■ Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 | | |
| ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Brady LaBorde | Print your name and address on the reverse | |
| D. Is delivery address below: Article Addressed to: | | |
| Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 3. Service Type Contribed Mall Registered Insured Mall Respires Mail Respired PA Flown Receipt for Merchandise Insured Mall Respired Mall Respired PA Flown Receipt for Merchandise Insured PA Flown Receipt for Merchandise Insured PA Flown Receipt for Merchandise Insured PA | | |
| Brady LaBorde Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 3. Service Type Certified Mall Registered Insured Mail Reg | Article Addressed to: | If YES, enter delivery admess below \square \square \text{No} |
| Patricia LaBorde 45 Piney Lane DuBois, PA 15801-8943 3. Service Type A Certified Mall Registered A Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt COMPLETE THIS SECTION COMPLETE THIS SECTION COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A Signature A Signatur | Brady La Darda | PP |
| 3. Service Type Certified Mall Registered Recipt for Merchandise Insured Mail Registered Recipt for Merchandise Insured Mail Registered Recipt for Merchandise Insured Mail Restricted Delivery (Extra Fee) Yes | , | |
| DuBois, PA 15801-8943 Certified Mail | | F 7 .0 F |
| Registered Insured Mail Co.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 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: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 Registered Insured Mail Co.D. A Restricted Delivery? (Extra Fee) Yes | • | 3. Service Type |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 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: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 Insured Mail 20.0.D. | DuBois, PA 15801-8943 | Certified Mall C Express Mail |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 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. Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 Article Addressed to: 4. Restricted Delivery? (Extra Fee) 945 323 | No. | Insured Mail C.O.D. |
| PS Form 3811, February 2004 Domestic Return Receipt Domestic Return R | | |
| 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: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 COMPLETE THIS SECTION ON DELIVERY A. Signature A direct of Delivery (Pinted (Inc.)) B. Receiver by (Pinted (Inc.)) C. Date of Delivery address different from Item 1? Inc. If YES, enter delivery address believe in the property of the property | 7 | 008 3230 0000 9450 3204 |
| 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: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 COMPLETE THIS SECTION ON DELIVERY A. Signature B. Received by (Partied (Andre)) C. Date of Delivery address different from item 1? If YES, enter delivery address below: B. Received by (Partied (Andre)) C. Date of Delivery of Partied (Andre) B. Received by (Partied (Andre)) C. Date of Delivery address different from item 1? On the front item 1? A. Signature B. Received by (Partied (Andre)) C. Date of Delivery address different from item 1? On the front item 1? On the front item 2. A. Signature B. Received by (Partied (Andre)) C. Date of Delivery A. Signature B. Received by (Partied (Andre)) B. Received by (Partied (Andre)) A. Service Type A. Signature A. Signature A. Signature A. Signature B. Received by (Partied (Andre)) A. Service Type A. Service Type A. Signature A. Signature B. Received by (Partied (Andre)) A | PS Form 3811, February 2004 Domest | |
| ■ 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: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 A. Signature X C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) A. Signature X C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery C. Date of Delivery C. Date of Delivery A. Signature A. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery C. Date of Delivery B. Received by (Particle State of Delivery) B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery C. Date of Delivery C. Date of Delivery B. Received by (Particle State of Delivery) C. Date of Delivery C. Date of Delivery C. Date of Delivery C. Date of Delivery | Windfall Oil | 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. 1. Article Addressed to: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 X Contain of Delivery address different from item 1? If YES, enter delivery address below: If YES, enter delivery address below: A property address below: If YES, enter delivery address below: A property address different from item 1? A property address address below: A property address below: A property address address address address address address address address ad | | A Cimeture |
| Print your name and address of 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: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 Registered Registered Received by (Particle (and)) C. Date of Delivery address different from Item 1? Yes | A If Doctricted Lielivery is desired. | Y / CASE Address |
| Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 Registered Insured Mail C.O.D. Restricted Delivery? (Extra Fee) | ■ Drint your name and address on the revers | Se Daniel Della |
| Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 7. Is delivery address different from item 17 less if YES, enter delivery address below 17 less if YES, enter delivery address below 17 less if YES, enter delivery address below 18 less if YES, enter delivery address below 19 less if YES, enter delivery address below 19 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address below 19 less if YES, enter delivery address below 19 less if YES, enter delivery address below 19 less if YES, enter delivery address different from item 17 less if YES, enter delivery address below 19 less if YES, enter delivery address below 19 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from item 17 less if YES, enter delivery address different from 17 less item 17 less item 18 l | as that we can refurn the Card to you. | I B. neceived by I may the |
| Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 3. Service Type Registered Receipt for Merchan If YES, enter delivery address below The No. Registered Receipt for Merchan Insured Mail C.o.D. 4. Restricted Delivery? (Extra Fee) | or on the front if space permits. | West Control of the State of th |
| Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 3. Service Type Gentified Mail Gress Mail Registered Glivery? (Extra Fee) 4. Restricted Delivery? (Extra Fee) Yes | | If YES, enter delivery address below. |
| Joyce Braun 4196 Hormtown Road Reynoldsville, PA 15851 3. Service Type Gertified Mail Gross Mail Registered Gross Mail Registered Gross Mail Restricted Delivery? (Extra Fee) 4. Restricted Delivery? (Extra Fee) | 1. Alticle Addressed to | |
| 3. Service Type Reynoldsville, PA 15851 3. Service Type Registered Receipt for Merchan Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) | | |
| 3. Service Type Reynoldsville, PA 15851 3. Service Type Registered Receipt for Merchan Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) | Joyce Brown | Lis PA |
| Reynoldsville, PA 15851 Certified Mail Poress Mail Registered Registered Restricted Delivery? (Extra Fee) Yes | * | - TO - TO - |
| Registered C.O.D. Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes | | 3. Service Type O |
| 4. Restricted Delivery? (Extra Fee) | Keynoldsville, PA 15851 | Registered Receipt for Merchan |
| | | |
| 2. Article Number 7008 3230 0000 1430 231 | | 7008 3230 0000 9450 3372 |

Domestic Return Receipt

| Whichfull at a | 1150 14-734 al |
|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Wima Trefore Addressed |
| so that we can return the card to you. Attach this card to the back of the mailpiece. | B. Received by (Plitted Name) C. Date of Delivery |
| or on the front if space permits. | DORMA BREORIO 6/17/5 |
| 1. Article Addressed to: | D. Is delivery address different from item 1? |
| | |
| Names Crassis | 25 E |
| Norma Gregorio 1925 E. Main Street | AL P |
| Brockway, PA 15824 | 3. Service Type 00 N |
| DIOCKWay, # A 13624 | Certified Mail Control State Mail |
| | ☐ Registered ☐ Registered ☐ Insured Mail ☐ ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number 7008 33 | |
| (Transfer from service label) | 230 0000 9452 0935 |
| PS Form 3811, February 2004 Domestic Re | eturn Receipt 102595-02-M-1540 |
| | was he as I |
| Windfall Oil | USC 14-73 et al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signeture |
| Print your name and address on the reverse | X Addresse |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Printed Name) C. Date of Deliver |
| or on the front if space permits. | D. Is delivery address different first item 1? Yes |
| Article Addressed to: | If YES, enter delivery address below: |
| Rhonda Charles | A S C⊅ |
| Dennis J. Charles | 25 25 |
| 830 Thunderbird Road | L A IMI |
| DuBois, PA 15801 | 3. Service Type Certified Mail |
| | ☐ Registered Return Receipt for Merchandis |
| | ☐ Insured Mail D☐ CROD. 4. Restricted Delivery (Extra Fee) ☐ Yes |
| 2. Article Number | |
| (Transfer from service label) | 08 3230 0000 9452 0898 |
| PS Form 3811, February 2004 Domestic R | leturn Receipt 102595-02-M-154 |
| 1.1. 11. 11. 11. 11. | |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signature ☐ Agent |
| Print your name and address on the reverse | X ☐ Addresses |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Paged Name) G: Date of Pality |
| or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| . Article Addressed to: | If YES, enter delivery admess below: |
| Nina Rivera | U.S. Egy S.C. |
| Senior Assistant Regional Counsel | 1650 PRC A STREET |
| Office of Regional Counsel (3RC20) | PHIL A民 LP世 A P 公路 03 |
| US EPA Region 3 | 3. Service Type B |
| 1650 Arch St. | Certified Mail |
| Philadelphia, PA 19103 | Registered Receipt for Merchandise Insured Mail |
| | 4. Restricted Delivery? (Extra Fee) |
| . Article Number | The second secon |
| (Transfer from service label) 7 🛮 🗎 | 18 3230 0000 9450 3617 |

| Windfall Oil | 1500 14-73 et al |
|---|---|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X \\\ Agent |
| so that we can return the card to you | B/Received by Printed Nazzo) C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from item ?— I Yes |
| | If YES, enter delivery address below |
| ÷ | ∥ R G Hi€ |
| R.G. Ziegler | PM ALS |
| 1314 McCullough Avenue | S Z PD |
| Brockway, PA 15824 | 3. Service Type |
| | Certified Mail Decress Mail |
| •• | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) 700 | 8 3230 0000 9450 3426 |
| DO 5 OO44 D | TOUR STEE |
| PS Form 3811, February 2004 Domestic Retu | urn Receipt 102595-02-M-1540 |
| Wind Sall O. D. | 1/1/c 14-13 et al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | Agent Addresses |
| Print your name and address on the reverse so that we can return the card to you. | B. Received by (Printed Name) Q Date of Delivery |
| Attach this card to the back of the mailpiece, | THOMASIA PAROLOGIA-17-15 |
| or on the front if space permits. | D. Is delivery address different from item 1? |
| Article Addressed to: | If YES, enter delivery address below: |
| ************************************** | AP N. SEC |
| Clearfield County | PE 25 |
| Comissioners | A → 0< |
| 212 E. Locust Street | 3. Service Type O - |
| Clearfield, PA 16830 | Certified Mall December Mail Registered Receipt for Merchandise |
| | ☐ Insured Mail ☐ C. ☐. |
| | 4. Restricted Delivery (Extra Fee) ☐ Yes |
| 2. Article Number ? | 108 3230 0000 9452 1048 |
| (Transfer from service label) | |
| PS Form 3811, February 2004 Domestic Re | eturn Receipt 102595-02-M-1540 |
| Windfall oil | (2)0 14 73 etal |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | v W and Agent |
| Print your name and address on the reverse so that we can return the card to you. | Addressee |
| Attach this card to the back of the mailpiece, | B. Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | D. Is delivery address different from item 1 CD Yes |
| 1. Article Addressed to: | If YES, enter delivery address below: Oll No |
| | PE 25 |
| * | PMI PMI |
| Stephen W. Way | S A PO |
| 1790 Kiwanis Trail | 3. Service Type |
| DuBois, PA 15801 | Certified Mail Express Mail |
| 5 abots, 1 A 15001 | ☐ Registered ☐ Receipt for Merchandise ☐ C.O.D. |
| t see | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number | |
| (Transfer from service label) | 3230 0000 9450 3242 |

Domestic Return Receipt

| Wind Sall Oil | Usic 14-73 et al |
|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | ☐ Agent |
| Print your name and address on the reverse so that we can return the card to you. | Salta Stattery - Addressee |
| Attach this card to the back of the mailpiece. | B. Redeived by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | 16-11-15 |
| Article Addressed to: | D. Is delivery address different from item 1? |
| | If YES, effer deliver address below: |
| | ∏ ₹ 5 |
| Loretta Slattery | → \$ 52 |
| 1079 Highland Street | PF S. |
| DuBois, PA 15801 | 3. Service Type |
| Dubois, 171 13001 | Certified Mail - Express Mail - |
| | ☐ Registered |
| | 4. Restricted Delivery (Extra-Ree) |
| 2. Article Number | |
| (Transfer from service label) | 7008 3230 2000 9452 7170 |
| PS Form 3811, February 2004 Domestic Re | eturn Receipt 102595-02-M-1540 : |
| | 102555 |
| Wind tale oil | 450 14-73 et al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | A. Signature |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | ☐ Agent |
| Print your name and address on the reverse | X Addressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece. | B. Received by (Printed Name) Q. Date of Delivery |
| or on the front if space permits. | <u> </u> |
| Article Addressed to: | D. Is delivery address deferent from item 17 Yes If YES, enter delivery address below: No |
| | If YES, enter deliver address below: |
| Harry Peoples | 2 Z (0) |
| Brenda Peoples | 25 EE |
| 382 Highland Street Ext. | D |
| DuBois, PA 15801 | 3. Service Type O - D |
| Dubois, FA 13801 | Certified Mail CD Express Mail |
| | Registered Return Receipt for Merchandise |
| • | 4. Restricted Delivery (Extra Fee) |
| 2. Article Number | |
| (Transfer from service label) | 7008 3230 0000 9452 0706 |
| PS Form 3811, February 2004 Domestic | Return Receipt 102595-02-M-1540 |
| | 7 72 72 |
| Windfall Oil | UDC 14-73 of al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| Item 4 if Restricted Delivery is desired. | X Addressee |
| Print your name and address on the reverse so that we can return the card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, | Parl 101 6-17-15 |
| or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| Article Addressed to: | If YES, enter delivery address below: No |
| 1 | ` |
| | F 12 S. |
| Rodney Pifer, Jr. | M Q MIL |
| Rock Dump Road | <u> </u> |
| Reynoldsville, PA 15851 | 3. Service Type (7 The Type Service Mail |
| | Certified Mail |
| | ☐ Insured Mail ➢ ☐ ♣ .D. |
| The same and was a second | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number | O8 3230 0000 9452 0973 |
| | ar iii iiiiii 1736 4 474 |

| Windfall Och | UDC 14-73 et al |
|---|--|
| SENDEK: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A: Signature |
| Item 4 if Restricted Delivery is desired. | Agent D Agent |
| Print your name and address on the reverse so that we can return the card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, | B. Received by Printed Name) C. Date of Delivery |
| or on the front if space permits. | D. Is delivery address fifterent from item 1? Yes |
| Article Addressed to: | If YES, enter delivery address below: No |
| | 12 |
| Detter Therese | . A U |
| Patty Thomas | PP PP |
| 559 Greenwood Cemetery Road | 3. Service Type D |
| DuBois, PA 15801 | ND Certified Mali Debress Mali |
| | Registered Recturn Receipt for Merchandise |
| | ☐ Insured Mai ☐ 3.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7 🗆 🗅 🖰 | 3 3230 0000 9450 3396 |
| | eturn Receipt 102595-02-M-1540 |
| Y | |
| Windfall ove | UVC 14-73 HAL |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| Item 4 if Restricted Delivery is desired. | Y Milau 11 m □ Agent |
| 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, | B. Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| Article Addressed to: | If YES, enter delivery address below: |
| | |
| William Voris | ₽ 2 2 |
| 915 E. Mahoning Street | |
| Punxsutawney, PA 15767 | 5 50 |
| 1 unasuawney, 111 15707 | 3. Service Type M C C C C C C C C C C C C C C C C C C |
| · · | ☐ Registered 〈〉 ★ Beturn Receipt for Merchandise |
| | ☐ Insured Maito ☐ ☐ O.D. |
| 1884 | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Transfer from service label) 7008 | 3230 000 9450 3457 |
| PS Form 3811, February 2004 Domestic Re | |
| Domestic Ne | eturn Receipt 102595-02-M-1540 |
| Wind full Oil | UPC 14-73 et al |
| SENDEF:: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | X Rolee Th.) ((1) Agent |
| Print your name and address on the reverse so that we can return the card to you. | Addressee |
| Attach this card to the back of the mailpiece, | By Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: | If YES, enter delivery address below: |
| | VIII VIII |
| Dobort Walls | |
| Robert Wells | A R ISE |
| Pauline Wells | P 25 C |
| 1640 Highland Street Ext. | 3. Service Type |
| DuBois, PA 15801 | Certified Mail C Express Mall C Registered Pattern Receipt & Merchandise |
| 4.4 | ☐ Insured Mail ☐ □ □ D.D. |
| | 4. Restricted Deliver (Extra Fee) ☐ Yes |
| 2. Article Number 700 | 8 3230 000 9450 1705 |
| (Transfer from service label) | |

| 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 |
| I. Article Addressed to: | If YES, enter detary aderess below: No |
| Sharlene King 2158 Longwell Road Brockway, PA 15824 | 3. Service Type X Certified Mail Registered Receipt for Merchandise Restricted Deliver (Extra Fee) Yes |
| 2. Article Number | 7008 3230 0000 9452 0782 |
| (Transfer from service label) PS Form 3811, February 2004 Domestic Re | eturn Receipt 102595-02-M-1540 |
| Windfell out | 1106 14-13 Ad |
| 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 Addresses B. Received Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery |
| 1. Article Addressed to: | D. Is delivery address afferent from item 1? Yes If YES, enter delivery address below: No |
| Lesha Martinez 1728 Highland Street Ext. | RECE U.S. E UN 25 APPE |
| DuBois, PA 15801 | 3. Service Type Certified Mail: Depress Mail M Registered Depress Mail M Insured Mail CO.D. 4. Restricted Delivery? (Euro Fee) Yes |
| 2. Article Number | 108 3230 0000 9452 1079 |
| (Transfer from service label) | 100 3230 0000 1132 2011 |
| Winkfale Cil | 102595-02-M-154 |
| 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. | Signature Address B. Necewed by (Fringed Name) C. Date of Deliver |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| Dennis R. Marsh Terry L. Marsh 1379 Highland Street Ext. DuBois, PA 15801 | 3. Service Type of A |
| 2014) | Certified MalD |
| 2. Article Number | 4. Restricted Delivery? (Extra Fee) |
| (Transfer from service label) | 7008 3230 0000 9452 0812 |

Domestic Return Receipt

| Windfall Dil | 110014-13 et al |
|---|--|
| 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 | A. Signature X Mulen (Marshall Agent Addressee |
| 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. | B. Received by (Printed Name) C. Date of Delivery |
| Article Addressed to: 84< | D. Is delivery address delivery address below: |
| Ethel Marshall | AP S SE |
| Robert Marshall | 25 EE |
| 1154 Highland Street Ext. | 3. Service Type |
| DuBois, PA 15801 | ☐ Registered CON Reftain Receipt for Merchandise ☐ Insured Mail |
| 2. Article Number | |
| (Transfer from service label) | 3230 0000 9450 3631 |
| | eturn Receipt 102595-02-M-1540 |
| SENDER COMPLETE THE SECTION | COMPLETE THIS SECTION ON DELIVERY |
| SENDER. COMPLETE THIS SECTION | A. Signature |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | *Carl Life Agent Addressee |
| 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. | B-Received by Arring Name C. Date of Delivery G-17-5 |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below 50 No |
| | P |
| Bernard Pifer | PH ALS |
| 2489 Pike Road | |
| Punxsutawney, PA 15767 | 3. Service Type CO No Express Mail |
| | Registered Receipt for Merchandise |
| | ☐ Insured Mail ☐☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes |
| (Transfer from service label) | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 108 3230 0000 9452 0959 |
| (Transfer from service label) | □ Insured Mail □□ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes □ B 3230 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
| (Transfer from service label) | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes DB 3230 000 9452 0959 |
| PS Form 3811, February 2004 Domestic SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 108 3230 000 9452 0959 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addresses |
| PS Form 3811, February 2004 Domestic 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, | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 10.8 3230 000 9452 959 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Addresses B. Received by (Printed Name) C. Date of Deliver Chewning 6-17-15 |
| PS Form 3811, February 2004 Domestic 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. | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 10.8 3230 000 9452 959 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Addresse B. Received by (Printed Name) C. Date of Deliver Chewning 6-17-15 The delivery address different from Item 1? Yes |
| PS Form 3811, February 2004 Domestic 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, | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 10.8 3230 000 9452 959 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Addresses B. Received by (Printed Name) C. Date of Delivery Chewning 617-15 |
| PS Form 3811, February 2004 Domestic 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. | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 108 3230 000 9452 959 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Addresse B. Received by (Printed Name) C. Date of Delivery Addresse If YES, enter delivery address below: No |
| PS Form 3811, February 2004 Domestic 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. | Insured Mail C.O.D. |
| PS Form 3811, February 2004 Domestic 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: Judy Chewning Judy Chewning Judy Chewning Judy Chewning Judy Chewning | Insured Mail C.O.D. |
| PS Form 3811, February 2004 Domestic 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: Judy Chewning Judy Chewning Judy Chewning Judy Chewning Judy Chewning | Insured Mail C.O.D. |
| PS Form 3811, February 2004 Domestic 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. | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 108 3230 000 9452 959 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Addresse Addresse In Yes, enter delivery address below: No 108 3230 000 9452 959 COMPLETE THIS SECTION ON DELIVERY A. Signature Addresse Officerent from Item 17 979 D. Is delivery address different from Item 17 979 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature No. 102595-02-M-1540 C. Date of Delivery Delivery address below: No. 102595-02-M-1540 A. Signature No. 102595-02-M-1540 C. Date of Delivery Delivery Addresse Delow: No. 102595-02-M-1540 C. Date of Delivery Delivery Addresse Delow: No. 102595-02-M-1540 C. Date of Delivery Delivery Addresse Delow: No. 102595-02-M-1540 C. Date of Delivery Delivery Addresse Delow: No. 102595-02-M-1540 C. Date of Delivery Addresse Delow: No. 102595-02-M-1540 C. Date of Delivery Delivery Addresse Delow: No. 102595-02-M-1540 C. Date of Delivery |
| PS Form 3811, February 2004 Domestic 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: Judy Chewning Judy Chewning Judy Chewning Judy Chewning Judy Chewning | Insured Mail C.O.D. |

| Windfell O.C. | 1100 14-730Ral |
|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | X Shiles Bells Agent |
| Print your name and address on the reverse | LI Addressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Primed Name) C. Date of Delivery |
| or on the front if space permits. | S. 6 13 E FE 17-15 |
| Article Addressed to: | D. Is delivery address different from item 17 🔲 Yes |
| | If YES, enter deliver, address below n U No |
| | E T P |
| | [|
| Shirley Wells | B 8 5: |
| 1625 Highland Street Ext. | |
| DuBois PA 15801 | 3. Service Type Cartified Mail Express Mail |
| Dubois 17 13001 | Registered PRESIDENT Receipt for Merchandise |
| | ☐ Insured Mail ☐ C.O.D. |
| <i>≫(</i> ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number | |
| (Transfer from service label) | 108 3230 0000 9452 0683 |
| PS Form 3811, February 2004 Domestic Ref | turn Receipt 102595-02-M-1540 |
| | 102000 02-11-10-10 |
| Windfall Oil | UTC 14-13 et al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | Agent |
| Print your name and address on the reverse | Addresses |
| so that we can return the card to you. | B. Received by (Printed Name), C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | JOHN E Epillips |
| 4 Adda Adda and A | D. Is delivery address iffered from Item 1? |
| 1. Article Addressed to: | If YES, enter delivery address below: |
| d: | |
| | AF X SE |
| John E. Phillips | CEI S. E. PPE |
| 510 Wood Street | |
| DuBois, PA 15801 | 3. Service Type Certified Mail Express Mail |
| | Certified Mail |
| | Insured Mail C.O.D. |
| | 4. Restricted Delivery P(Extra Fee) ☐ Yes |
| 2. Article Number | |
| 2. Article Number 7004 | 3230 0000 9450 3310 |
| PS Form 3811, February 2004 Domestic Re | turn Receipt 102595-02-M-1546 |
| | |
| the state of the s | 14-73 et al |
| 112:0161 01 | |
| Windfall Oil | 7.23 |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3, Also complete | 7.23 |
| SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | COMPLETE THIS SECTION ON DELIVERY A. Signature, |
| 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. | A. Signature |
| 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, | A. Signature A. Signature A. Received by (Printed Name) C. Date of Delivery |
| 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. | A. Signature A. Signature A. Received by (Printed Name) D. Is delivery address different from item 1? 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, | A. Signature A. Signature A. Received by (Printed Name) C. Date of Delivery |
| 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. | A. Signature A. Signature A. Received by (Printed Name) D. Is delivery address different from item 1? 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. | A. Signature X |
| 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. Article Addressed to: | A. Signature X |
| 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. Article Addressed to: City of DuBois | A. Signature X |
| 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. Article Addressed to: | A. Signature X On 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 No No No No No No No No N |
| 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. Article Addressed to: City of DuBois 16 W. Scribner Avenu | A. Signature X On 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 No No No No No No No No N |
| 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. Article Addressed to: City of DuBois | A. Signature X |
| 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. Article Addressed to: City of DuBois 16 W. Scribner Avenu | A. Signature X |
| 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. Article Addressed to: City of DuBois 16 W. Scribner Avenuals DuBois, PA 15801 | A. Signature X |

Domestic Return Receipt

| Windfall Oil | 10c 14-13 et al |
|---|---|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| 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, | Ban Beceived by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | D. Is delivery address referent from item 1? Yes If YES, enter delivery address below: |
| 1. Article Addressed to: | If YES, enter deliver accuses |
| Sean Zimmerman Emily Zimmerman | N 25 |
| 1317 Highland Street Ext. | 3. Service Type |
| DuBois, PA 15801 | Certified Mail C Barristered C A Francisco Merchandise |
| | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Excerpse) ☐ Yes |
| | 7008 3230 0000 9452 0768 |
| Article Number (Transfer from service label) | ************************************** |
| Windfall Cil | Urc 14-73 Hd |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signature |
| Print your name and address on the reverse so that we can return the card to you. | B. Received by (Prioted Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | Samontha Xa Fin Joy 7-18 |
| Article Addressed to: | D. Is delivery address different from item 12 Yes If YES, enter delivery address below. |
| | A PR A |
| Craig Carpin 315 N. 6th Street | S 80 |
| Reynoldsville, PA 15851 | 3. Service Type 20 |
| | Certified Mail Registered Return Receipt for Merchandise |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7 [| 08 3230 0000 9452 0874 |
| PS Form 3811, February 2004 Domestic R | Return Receipt 102595-02-M-1540 |
| Windfall Dil | UIC 14-73 et al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Lorine Landach Agent Addressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes |
| | If YES, enter deliv → address below: □ No |
| | N 25 |
| Lorraine Shadduck | B |
| 278 Reynoldsville Sykesville Roz Reynoldsville, PA 15851 | 3. Service Type |
| Reynoldsvine, FA 13631 | Certified Mail Registered Return Receipt for Merchandise |
| | ☐ Insured Mail ☐ ☐ O ☐ D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Article Number (Transfer from service label) | 008 3230 0000 9452 0751 |
| THE HOLD TOTAL SCI VICE INDELL | |

| ENDER: COMPLETE THIS SECTION | V | COMPLETE THIS SECTION ON DELIVERY |
|---|-------------------------------------|--|
| Complete items 1, 2, and 3. Also cor item 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to you Attach this card to the back of the mor on the front if space permits. | d. reverse J. | A Signature A Agent Addresse Addresse C. Date of Deliver D. Is delivery address different from item 1? Yes |
| . Article Addressed to: | | D. is delivery address different from item 1? If YES, enter delivery address below: No |
| John Genevro | · establisher. | S. E V 25 |
| Bonnie Genevro | | A P |
| 2195 Clay Plant Road | <u> </u> | 8. Service Type 60 3 D |
| Brockway, PA 15825 | (| Registered Section 1990 |
| | | ☐ Insured Mail ☐ COD. |
| | | 4. Restricted Deliver (Extra Fee) ☐ Yes |
| Article Number (Transfer from service label) | 7008 | 3230 0000 9450 3495 |
| S.Form 3811. February 2004 | Domestic Re | turn Receipt 102595-02-M-1 |
| Undfall Oil | | UIC M-13 etal |
| ENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also con item 4 if Restricted Delivery is desired Print your name and address on the location and address on the location. | d. reverse | A. Signature X. A. |
| so that we can return the card to you Attach this card to the back of the ma or on the front if space permits. | i. ailpiece, | B. Received by (Printed Name) |
| Article Addressed to: | 14 | D. Is delivery address different m item 1? Yes If YES, enter deliver address below: |
| | | A 9 |
| Darlene Marshall | | |
| Duane Marshall | | |
| 1070 Highland Street E | | 3. Service Type |
| DuBois, PA 15801 | XI. | Certified Mail Registered Insured Mail C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) |
| Article Number (Transfer from service label) | 7008 | 3230 0000 9450 3211 |
| Form 3811, February 2004 | Domestic Reti | urn Receipt 102595-02-M-1544 |
| MILA SALL MASSECTION SECTION OF THE | 20/ | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also contem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to your Attach this card to the back of the or on the front if space permits. | omplete red. e reverse ou. | A. Signature X. Fucliant Little Agent B. Received by (Princed Name) C. Date of Delive R. HTKINSDE |
| Article Addressed to: | | D. Is delivery address different from item 200 Yes If YES, enter delibery address below No |
| 11-200 | | 1 5 7< |
| Atkinson | | PM A. |
| Marianne Atkinson | | |
| Richard Atkillson | | 3. Service Type |
| Marianne Atkinson Richard Atkinson 221 Deer Lane DuBois, PA 15801 | | |
| Richard Atkillson | | 3. Service Type A Certified Mail Registered Return Receipt for Merchand |

| | UVC 14-73 et il |
|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | X Termy L Nathan Addressee |
| Print your name and address on the reverse so that we can return the card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | Z & VIPO |
| Article Addressed to: | D. Is delivery address different from Item 1? |
| | → |
| X | Pr Pr |
| Terrence Nasoni | L S EE |
| Susan Nasoni | P |
| 567 Hungry Hollow Road | 3. Service Type Certified Mail |
| DuBois, PA 15801 | Certified Mail Registered Return Receipt for Merchandise |
| | ☐ Insured Mail ☐ C.O. SO |
| | 4. Restricted Delivery? (Extra Fee) |
| Article Number (Transfer from service label) | 7003 1680 0000 5220 1922 |
| PS Form 3811, February 2004 Domestic Re | turn Receipt 102595-02-M-1540 |
| Windfell Oil | Utc 14-23 et al) |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X / NO IN Y YXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| so that we can return the card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the backeof the mailpiece, or on the front if space permits. | HP10/12008CFT 6-17-15 |
| 1. Article Addressed to: | D. Is delivery address different from Item 1? Yes |
| 1. Article Addressed to. | If YES, enter delive add below: |
| _ | 2 2 |
| Wiles Picker In | |
| Wilson Fisher, Jr. | Pp 20 |
| 36 N. 2nd Street Clearfield, PA 16830 | 3. Service Type |
| C learneid PA IDA 10 | Certified Mail Express Mail |
| Clearfield, 171 10030 | |
| Cleariett, 171 10030 | ☐ Registered ☐ Receipt to Merchandise ☐ Insured Mail ☐ C |
| Cicarreia, 171 10030 | Registered Receipt for Merchandise |
| O Astrolo Monto | Registered Receipt to Merchandlee Insured Mail C.O. 4. Restricted Delivery (Contra Fee) Yes |
| | Registered Receipt to Merchandise Insured Mail C.O. 4. Restricted Delivery (Extra Fee) Yes |
| 2. Article Number 700 | Registered Receipt to Merchandise Insured Mail CC. C. 1. 4. Restricted Delivery (Extra ree) Yes 8 3230 0000 7452 1031 |
| 2. Article Number (Transfer from service label) 7 | Registered Receipt to Merchandise Insured Mail C.O.S. 4. Restricted Delivery (Extra ree) Yes B 3230 000 7452 1031 turn Receipt 102595-02-M-1540 |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re | Registered Receipt to Merchandise Insured Mail CC. C. 1. 4. Restricted Delivery (Extra ree) Yes 8 3230 0000 7452 1031 |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Results () () () SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3, Also complete | Receipt to Merchandise Insured Mail 4. Restricted Delivery (Extra 100) 4. Receipt 102595-02-M-1540 4. Restricted Delivery (Extra 100) 5. COMPLETE THIS SECTION ON DELIVERY |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re Light (1) (1) SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | Receipt to Merchandlee Insured Mail Restricted Delivery (Extra 166) Yes 102595-02-M-1840 COMPLETE THIS SECTION ON DELIVERY A. Signature A Agent |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re Light (1) (1) 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. | Receipt to Merchandlee Insured Mail Receipt To Merchandlee Insured Mail Receipt To Merchandlee Yes Receipt To Merchandlee Yes 102595-02-M-1540 Turn Receipt 102595-02-M-1540 Turn Receipt 102595-02-M-1540 A. Signature A. Signature A. Signature A. Addressee |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re Link Lace () Le 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. | Receipt to Merchandlee Insured Mail 4. Restricted Delivery (Extra ree) 5. Light (Extra ree) 6. Light (Extra ree) 7. Light (Extra ree) 8. Light (Extra ree) 8. Light (Extra ree) 8. Light (Extra ree) 8. Light (Extra ree) |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re **Linifact** Out 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. | Receipt to Merchandlee Insured Mail C.O. |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re Link Lace () Le 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. | Receipt to Merchandlee Insured Mail Restricted Delivery (Extra ree) Yes 102595-02-M-1540 LUC 14-7.3 - Lu COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature B. Received by (Printed Name) D. Is delivery address delivery address below: If YES, enter delivery address below: No |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re **Lind Law Own 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. | Receipt for Merchandlee Insured Mail Restricted Delivery (Extra fee) Yes 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature B. Received by (Printed Name) D. Is delivery addressed ifferent from item 1? Yes |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re **Lind Law Own 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. | Receipt to Merchandise Insured Mail 4. Restricted Delivery (Extra ree) 5. Yes 6. Receipt 102595-02-M-1840 6. Complete This Section on Delivery 7. Agent Addressee 8. Received by (Printed Name) 9. C. Date of Delivery 102595-02-M-1840 10259 |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Results (1) (2) (2) 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: | Receipt 10FMerchandlee Insured Mail 20 C.O.D. 4. Restricted Delivery Extra ree) Yes 102595-02-M-1540 Turn Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature 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 |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re Link Law () Le 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: Rosemary Frizzell | Receipt to Merchandlee Insured Mail 4. Restricted Delivery (Extra ree) 5. Yes 6. Receipt 102595-02-M-1540 6. COMPLETE THIS SECTION ON DELIVERY 6. Agent Addressee 7. Agent Addressee 8. Received by (Printed Name) 9. C. Date of Delivery 102595-02-M-1540 10 |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re **Linitation** Out SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete litem 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: Rosemary Frizzell 1359 Highland Street Ext. | Receipt to Merchandise Insured Mail C.O. |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re **Linitation** Out SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete litem 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: Rosemary Frizzell 1359 Highland Street Ext. | Receipt for Merchandlee Insured Mail C.O. |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Re **Linitation** Out SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete litem 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: Rosemary Frizzell 1359 Highland Street Ext. | Receipt for Merchandlee Insured Mail QC.O. |

| Windfall a. 8. | 11VC 14-73 eld |
|--|---|
| SENDEP: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | X X Agent |
| Print your name and address on the reverse | Addressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | R. Centser 16-17-15 |
| Article Addressed to: | D. Is delivery address different from item 1? Yes |
| · | If YES, enter delivereddress below: |
| | ے ج |
| Ted Crytser | A 5 C.2 |
| Rona Crytser |) P 2: |
| 1500 Highland Street Ext. | 3. Service Type |
| DuBois, PA 15801 | Certified Mail Depress Mail: |
| Dubois, 171 13001 | Registered Return Receipt for Merchandise |
| | ☐ Insured Mail ☐ C. G.D. |
| | 4. Restricted Deliver (Extrace) |
| 2. Article Number 7 | 308 3230 0000 9452 0928 |
| (Transfer from service label) | |
| PS Form 3811, February 2004 Domestic Retu | |
| Windfull oil | UTC 14-13 excl |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | X Spery Location Addresses |
| Print your name and address on the reverse so that we can return the card to you. | B. Received by (Printed Table C. Date of Date |
| Attach this card to the back of the mailpiece, | 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| or on the front if space permits. | D. Is delivery address different from 17 Yes |
| Article Addressed to: | If YES, enter delivery address below: |
| | |
| | N 2 |
| Brady Township Supervisors | CEI E. E. |
| P.O. Box 125 | D -0 -0 < |
| and the second s | 3. Service Type O |
| Luthersburg, PA 15848 | Certified Mail COL Express Mail |
| | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Cap. |
| | 4. Restricted Deliver (Extra Fee) |
| | 4. Restricted Delivery (Little 7 Co) |
| 2. Article Number (Transfer from service label) | 18 3230 0000 9452 0966 |
| Wholesel oul | (100 14-73 et al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signature |
| Print your name and address on the reverse | X / alle out Addressee |
| so that we can return the card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | m 10-17-15 |
| Article Addressed to: | D. Is delivery address different from Item 1? Yes |
|). Article Addressed to: | If YES, enter delivery address below: No |
| | |
| Randell T. Powers | N 2: |
| 1235 Highland Street Ext. | R 66 mm |
| | Lo Control Pro |
| DuBois, PA 15801 | 3. Service Type Certified Mail |
| | Registered Receipt for Merchandise |
| | ☐ Insured Mail ☐ GOD. |
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| | \$ 6 | ii 120, onter deliv | > | 70 |
| Kenneth R. Flanders | | | - R | AE |
| 128 #2 Shaft Road | | | තු දු : | • |
| DuBois, PA 15801 | E | 3. Service Type | 20 00 | |
| Dub0is, 1 A 13001 | | Certified Mail Registered Insured Mail | Express Ma | ull elpt for Merchandise |
| , | | 4. Restricted Delivery | ? (Extra Fee) | ☐ Yes |
| Article Number (Transfer from service label) | 7008 | 3530 0000 | 9452 07 | 20 |
| Form 3811, February 2004 | Domestic Retu | m Receipt | | 102595-02-M-1546 |
| Windfell al | - | | | |
| SENDER: COMPLETE THIS SECTION | ON | COMPLETE THIS | SECTION ON D | |
| ■ Complete items 1, 2, and 3. Also co | | A. Signature | ^ | |
| item 4 if Restricted Delivery is desir | red. | x/ rda | 1. tsor | ☐ Agent |
| Print your name and address on the so that we can return the card to yo | | B. Received by (F | rinted Name) | C. Date of Deliv |
| Attach this card to the back of the or on the front if space permits. | mailpiece, | Ce | CASER | 6-17-1 |
| Article Addressed to: | | D. Is delivery addre | | |
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| Daniel J. Crytser | | | ¥ 5. | |
| Cindy J. Crytser | | 11 | | |
| 1382 Highland Street E | Evt | 4 | | <u>S.</u> |
| DuBois, PA 15801 | JAL. | 3. Service Type (X) Certified Ma | Express | Mailo < |
| 2 42013, 111 13001 | | Registered | | eceint for Merchand |
| | | Insured Mail Restricted Deliv | | · · · · · · · · · · · · · · · · · · · |
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| ■ Complete items 1, 2, and 3. Also co | omplete | A. Signature | A | Ne/4 |
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| © Complete items 1, 2, and 3. Also complete items 4 if Pestricted 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 malplece, or on the front if space permits. 1. Article Addressed to: Donna J. Gardner 111 W. Long Avc. Apt. 6P DuBois, PA 15801 Donna J. Gardner 111 W. Long Avc. Apt. 6P DuBois, PA 15801 Donna J. Gardner 111 W. Long Avc. Apt. 6P DuBois, PA 15801 Service Proposition of the pack of the malplece, or on the front if space permits. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Kathy Champion 12735 Route 66, Apt. 1 Clarion, PA 16214 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Restricted Delivery is desired. Restricted Delivery is desired. Addressed to: Attach this card to the back of the malplece, or on the front if space permits. Attach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on the front if space permits. Altach this card to the back of the malplece, or on t | Windfall Oil | UTC 14-13 et il |
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| 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 care to you. Article Addressed to: Donna J. Gardner 111 W. Long Ave. Apt. 6P DuBois, PA 15801 2. Article Number (Ransfer from service label) PS Form 3811, February 2004 Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery if desired. Print your name and address on the reverses so that we can return the care to you. Attach this card to back of the maliplece, or on the front if space permits. Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery if desired. Print your name and address on the reverse so that we can return the card to you. Attach it is gain to the back of the maliplece, or on the front if space permits. Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Complete items 4, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Complete items 4, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Complete items 4, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Com | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ### All Restricted Delivery is desired. Print your mane and address on the reverse so that we can return the card to you. ### Attach Hist card to the back of the maliplece, or on the front if space permits. 1. Article Addressed to: **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 112 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 113 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 114 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 115 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 116 J. Gardner** 117 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 118 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 119 J. Gardner** 110 J. Gardner** 110 J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois, PA 15801** **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois PA 15801** **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois PA 15801** **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois PA 15801** **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois PA 15801** **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois Pa 15801** **Donna J. Gardner** 111 W. Long Ave. Apt. 6P **DuBois Pa 15801** **DuBois Pa 15801** **Donna J. Gardner** 100 J. | | |
| so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits. 1. Article Addressed to: Donna J. Gardner 111 W. Long Ave. Apt. 6P DuBois, PA 15801 Donnad J. Gardner 111 W. Long Ave. Apt. 6P DuBois, PA 15801 3. Service Type Genetified Mail Complete Service Male Complete Items 4 (Restricted Delivery) to desired. ENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete Items 4 (Restricted Delivery) is desired. Attach this card to the back of the maliplece, or on the front if space permits. 1. Article Addressed to: 2. Article Number (Restricted Delivery) (Extra Fee) Complete Items 1, 2, and 3. Also complete Items 4 (Restricted Delivery) is desired. Extra this section on Delivery As Signature Complete Items 1, 2, and 3. Also complete Items 4 (Restricted Delivery) is desired. Attach this card to the back of the maliplece, or on the front if space permits. 1. Article Addressed to: 2. Article Number (Restricted Delivery) (Extra Fee) Complete Items 1, 2, and 3. Also complete Items 4 (Restricted Delivery) is desired. Extra this section on Delivery As Signature Complete Items 1, 2, and 3. Also complete Items 4 (Restricted Delivery) is desired. SENDER: Complete Items 1, 2, and 3. Also complete Items 4 (Restricted Delivery) is desired. A Signature Complete Items 1, 2, and 3. Also complete Items 4 (Restricted Delivery) is desired. Begintered Stream Receipt for Merchandise Items (Receipt Items Receipt I | Item 4 if Restricted Delivery is desired. | X Nonna Spran - Addressee |
| ■ Attach this card to the back of the maliplece, or on the front if space permits. 1. Article Addressed to: Donna J. Gardner 111 W. Long Ave. Apt. 6P DuBois, PA 15801 2. Article Number (Thanker from service label) PF Form 3811, February 2004 ■ Complete items 1, 2, and 3. Also complete them 4 if Restricted Delivery is desired. ■ Article Addressed to: Kathy Champion 12735 Route 66, Apt. 1 Clarion, PA 16214 SENDER: Complete items 1, 2, and 3. Also complete them 4 if Restricted Delivery is desired. ■ Article Number (Thanker from service label) SENDER: Complete items 1, 2, and 3. Also complete them 4 if Restricted Delivery is desired. ■ Article Number (Thanker from service label) SENDER: Complete items 1, 2, and 3. Also complete them 4 if Restricted Delivery is desired. ■ Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 | Print your name and address on the reverse so that we can return the card to you. | |
| Donna J. Gardner 111 W. Long Ave. Apt. 6P DuBois, PA 15801 Donna J. Gardner 111 W. Long Ave. Apt. 6P DuBois, PA 15801 Cartifled Mail College Mail Registered Register | Attach this card to the back of the mailpiece, | $O(m)$ $A = \frac{1}{2} - \frac{1}{2} - \frac{1}{2}$ |
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| Restricted Delivery? (Extra Fee) Yes | | 3. Service type (7) |
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| Restricted Delivery (Extra Fee) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | 2. Article Number | 2004 3230 0000 9452 0713 |
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| 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. Addressed to: Service Type Received by (Printed Name) C. Date of Delivery or on the front if space permits. D. Is delivery addressorial solution in the reverse so that we can return the card to you. A rickle Addressed to: Addressed | SENDEK: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| Article Addressed to: Kathy Champion 12735 Route 66, Apt. 1 Clarion, PA 16214 Service Type Conflicted Mail Restricted Delivery (Extra Fee) Restricted Delivery (Extra Fee) Agent Addressed to: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 D. Is delivery address Mail Restricted Delivery (Extra Fee) Service Type Restricted Delivery (Extra Fee) Restricted Delivery (Extra Fee) Restricted Delivery (Extra Fee) Agent Received by (Printed Name) 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. Altered Mail Restricted Delivery (Printed Name) 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. Altered Mail Restricted Delivery (Printed Name) Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery address below: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 | | |
| Kathy Champion 12735 Route 66, Apt. 1 Clarion, PA 16214 Certified Mail Co.D. | | D. Is delivery address different from Item 1? Yes |
| Kathy Champion 12735 Route 66, Apt. 1 Clarion, PA 16214 3. Service Type © Certified Mail Co.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) 7008 3230 0000 7450 3553 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 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. 1. Article Addressed to: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 3. Service Type © No New Year Fee) Yes Y | 1. Atticle Addressed to. | If YES, enter delivery address below. |
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| PS Form 3811, February 2004 Domestic Return Receipt Discription 102595-02-M-1540 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. Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery addressed by (Printed Name) Complete THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete items 4 if Restricted by (Printed Name) Complete THIS SECTION ON DELIVERY A. Signature Complete THIS SECTION O | 2. Article Number | 3230 0000 9450 3563 |
| 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: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 Complete Items 1, 2, and 3. Also complete items 4 if Restricted Delivery A. Signature Complete Items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery A. Signature Complete Items 1, 2, and 3. Also complete items 1, and 3. Als | (Harister Hotti service Rabel) | |
| © 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: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 COMPLETE THIS SECTION ON DELIVERY A. Signature □ Addresses □ Received by (Printed Name) □ C Date of Deliver □ Yes If YES, enter delivery address below: □ No ■ Complete items 1, 2, and 3. Also complete items 4 if Restricted Name) □ Addresses □ Received by (Printed Name) □ Yes If YES, enter delivery address below: □ No ■ Complete THIS SECTION ON DELIVERY A. Signature □ Addresses □ Naticle Addresses □ No ■ Complete THIS SECTION ON DELIVERY A. Signature □ Addresses □ Naticle Addresses □ No ■ Complete THIS SECTION ON DELIVERY | PS Form 3811, February 2004 Domestic R | Return Receipt 102595-02-M-1540 |
| © 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: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 COMPLETE THIS SECTION ON DELIVERY A. Signature □ Addresses □ Received by (Printed Name) □ C Date of Deliver □ Yes If YES, enter delivery address below: □ No ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Printed Name) □ Addresses □ Received by (Printed Name) □ Addresses □ Received by (Printed Name) □ Yes □ Addresses □ Received by (Printed Name) □ Yes □ Addresses □ No □ Service Type ✓ □ Addresses □ No □ Service Type ✓ □ Addresses □ No □ Yes □ Received by (Printed Name) □ Yes □ Addresses □ No □ Addresses □ No □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes | Windfell nil | 110C-14-13 4 W |
| ■ 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: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 A. Signature C. Date of Deliver C. Date of Deliver MYES, enter delivery address different from item 1? | | |
| ttem 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: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 Agent Addresses Received by (Printed Name) C. Date of Deliver Albert Name) C. Date of Deliver Insured Name) C. Date of Deliver No No Albert Marsh Received by (Printed Name) C. Date of Deliver Insured Name) C. Date of Deliver Addresses If YES, enter delivery address below: No Albert Marsh Registered Insured Maiso Insur | Complete items 1, 2, and 3. Also complete | A. Signature |
| 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: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 B. Received by (Printed Name) C. Date of Deliver C. Date | Item 4 if Restricted Delivery is desired. | Agent |
| Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 DuBois, PA 15801 Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 A Service Type A Solution Receipt for Merchandis Insured Main Co.D. A Restricted Delivery? (Extra Fee) Yes | | 1 (120) |
| 1. Article Addressed to: Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 D. Is delivery address different from item 1? \ | Attach this card to the back of the mailpiece, | HADZH 6-17-15 |
| Albert Marsh Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 If YES, enter delivery address below: No | | II D. 13 don'taly doctross unfortness off from 1. |
| Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 3. Service Type Registered Particle Malip Property (Extra Fee) 4. Restricted Delivery? (Extra Fee) | Article Addressed to: | If YES, enter del vay address below: No |
| Barbara A. Marsh 1583 Highland Street Ext. DuBois, PA 15801 3. Service Type Registered Particle Malip Property (Extra Fee) 4. Restricted Delivery? (Extra Fee) | Albert March | ₽ ₽ ₽ |
| 1583 Highland Street Ext. DuBois, PA 15801 3. Service Type (7) Registered (7) Registered (8) Insured Main (150) Insured Main (150) 4. Restricted Delivery? (Extra Fee) (150) | | - 11 |
| DuBois, PA 15801 3. Service Type Certified Metro Registered Insured Matro Insured Ma | | A ME |
| DuBols, PA 13801 Certified Malip Registered Street, Receipt for Merchandis Insured Malip Receipt for Merchandis Insured M | | 3. Service Type O |
| Insured Math Delivery? (Extra Fee) Yes | DuBois, PA 15801 | Certified Malio Circupress Mail |
| 4. Restricted Delivery? (Extra Fee) ☐ Yes | | |
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| | 2. Article Number | 7008 3230 0000 9452 0690 |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | A. Signature X han Status an DAddress |
| 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. | B. Received by (Printed Name) C. Date of Deliver (C. 17-15) |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| 95 | 1 |
| Ronald Greathouse | PP PP |
| Joyce Greathouse 1197 Highland Street Ext. | 3. Service Type |
| DuBois, PA 15801 | Registered Return Receipt to Merchandi |
| 2. Article Number | |
| (Transfer from service label) 7 [[PS Form 3811, February 2004 Domestic February 2004] | |
| PS Form 36 11, February 2004 Domestic F | Return Receipt 102595-02-M-15 |
| Wendful are | UTC 14-13 etal |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON OFFICERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | A. Signature Agent Address |
| 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. | Before the Country (Primary Name) C. Date of Deliver Country Land E. Z. 6~12~6 |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below No |
| | PPE 25 |
| Ruth A. Reitz | A P PYE |
| 1079 Skarbek Road Punxsutawney, PA 15767 | 3. Service Type CD NO |
| i dinsdamine, i i i i i i i i i i i i i i i i i i i | Certified Mail Registered Return Receipt for Merchand |
| | Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) |
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| | Return Receipt 102595-02-M-1 |
| Vindfall OC | UIC14-73 et de |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Alexandresse |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Printed Name) C. Date of Deliver |
| or on the front if space permits. | D. Is delivery address difference from item 1? Yes |
| . Article Addressed to: | If YES, enter delivery address below: No |
| Valerie J. Powers | NECULIS. |
| 1235 Highland Street Ext. | PE 25 |
| DuBois, PA 15801 | 3. Service Type (A) Certified Mail |
| | Doctor Williams |
| | Registered Insured Mail |
| 2. Article Number | |

| Mendfall Oil | UDC 14-131/1 |
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| rtem 4 if Restricted Delivery is desired | A. Signature |
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| Article Addressed to: | D. Is delivery address bifferent from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | > \(\subseteq \subseteq \tag{\text{2}} |
| Dana Habart | ₩ × × × |
| Doug Heberling | PPE PPE |
| Debbie Heberling | A |
| 771 Behringer Hwy. | 3. Service Type O |
| DuBois, PA 15801 | Certified Mal Depress Mail |
| 242010, 111 13001 | Registered Return Receipt for Merchandis |
| | ☐ Insured Mailto ☐ CD.D. |
| , | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number | |
| (Transfer from service label) | 8 3230 0000 9450 3303 |
| PS Form 3811, February 2004 Domestic | Return Receipt 102595-02-M-154 |
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| (m + 1) (1) (m) | LDC 14-73 dal |
| windfall oil | |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| Attach this card to the back of the mailpiece, | B. Received by (Printe Name C. Date of Delivery |
| or on the front if space permits. | \$ 5 10011-D |
| Article Addressed to: | D. Is delivery address different term 12 Yes |
| . Attor Additional to. | If YES, enter deliver address below: No |
| | PE 25 |
| | A |
| Randall R. Baird | PM ALS |
| 1273 Highland Street Ext. | <u> </u> |
| DuBois BA 15001 | 3. Service Type C ** |
| DuBois, PA 15801-4543 | Certified Mail Express Mail |
| | ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D. |
| | |
| | 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number (Transfer from service label) 7 0 0 | 38 3230 0000 9450 3259 |
| | Return Receipt 102595-02-M-1540 |
| The second secon | UV 12 14-73 0+ al |
| Vindsall Dil | COMPLETE THIS SECTION ON DELIVERY |
| ENDER: COMPLETE THIS SECTION | |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| them 4 if Restricted Delivery is desired. | XYI kan de arragant - Addressee |
| Print your name and address on the reverse so that we can return the card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, | 11 lande Francisco |
| or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: | If YES, enter delivery address below: |
| 1. (4.000, 100,000- | A X SE |
| | PPF |
| | m 01 115 |
| Kari Armagost | A P PE |
| 424 S. Church Street | 3. Service Type |
| DuBois, PA 15801 | Mr Certified Mail |
| Duboto, 111 | Registered Return Receipt for Merchandise |
| | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 008 3230 0000 9452 0843 |
| 2. Article Number | UUO 3630 0000 1132 00.2 |

Domestic Return Receipt

| Windfall viel | 110C 14-73 1411 |
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| 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 Agent Addressee B. Received by Printed Name C. Date of Delivery C. T. 15 D. Is delivery address effects from item 1? Yes |
| 1. Article Addressed to: Donald W. Krach Delores Krach | D. Is delivery address efferent from item 1? Yes If YES, enter deliver address below: No APPR APPR |
| 1806 Carson Hill Road DuBois, PA 15801 | 3. Service Type X Certified Mail Explose Mail Registered Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number 7 (Transfer from service label) | 008 3230 0000 9452 0805 |
| PS Form 3811, February 2004 Domestic Ret | turn Receipt 102595-02-M-1540 |
| 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. | COMPLETE THIS SECTION ON DELIVERY A. Signature X. |
| Article Addressed to: Courtney Thompson | D. Is delivery address different from item 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 426 Pine Street Curwensville, PA 16833 | 3. Service Type Certified Mail Registered Insured Mail Restricted Delivery (Extra Fee) Yes |
| 2. Article Number 7 0 0 (Transfer from service label) | JA 3230 0000 9450 3327 |
| PS Form 3811, February 2004 Domestic Re | eturn Receipt 102595-02-M-154 |
| 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. | COMPLETE THIS SECTION ON DELIVERY A. Signature X Addressee B. Becelved by (Printed Name) C. Date of Delivery |
| 1. Article Addressed to: Francis E. Hand 894 Highland Street Ext. DuBois, PA 15801 | D. Is delivery address delivery address below: If YES, enter delivery address below: No No No No No No No No No N |
| 2. Article Number | ☐ Insured Mail ☐ ☐ GO.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 7008 | 3230 0000 9452 7187 |

| Windfall Oil | |
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| SENDER: COMPLETE THIS SECTION | UTC 14-13 et al |
| COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivers | A Signal |
| item 4 if Restricted Delivery is desired. | A. Signature |
| so that we can return address on the reverse | X Agent |
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| or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery |
| Article Addressed to: | 2 2 ///2// |
| me il | D. Is delivery address different from Item 1? Yes |
| | If YES, enter delivery address below: No |
| Donna Work | |
| | P 22 |
| 309 E. Maloney Road | Ψ or in in |
| DuBois, PA 15801 | ≥0.0≤ |
| 1 | 3. Service Type (7) |
| | Certified Mail Express Mail |
| | Hegistered Parker Decided |
| | C.O.D. |
| 2. Article Number | 4. Restricted Delivery? (Extra Fee) |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signature |
| Print your name and address on the reverse | X 1) FC SPATOND Agent |
| so that we can return the card to you. | D. Dooring by (2017) |
| Attach this card to the back of the mailpiece. | B. Received by (Printed Name C. Date of Delivery |
| or on the front if space permits. | \$ 55 KJ / P |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Yes |
| | If YES, enter delivery address below: No |
| | PE 25 EE |
| Del Spafford | A |
| | LS PR PA |
| Joan Spafford | S A A |
| 450 Spafford Road | 3. Service Type O •• |
| DuBois, PA 15801 | Certified Mail Express Mail |
| | Registered Return Receipt for Merchandise |
| | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number | 3230 0000 9450 1712 |
| (Transfer from service label) 7 🛮 🖟 | 3230 0000 9450 1712 |
| PS Form 3811, February 2004 Domestic | Return Receipt 102595-02-M-1540 |
| | 102035-02-04-10-00 |
| Windfull Die | UVC 14-73 et al |
| SENDER COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| SENDER COMPLETE THIS SECTION | CONTRETE THIS SECTION ON BEETVENT |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | X Agent |
| Print your name and address on the reverse | Audressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | 10-11-B |
| Article Addressed to: | D. Is delivery address different from Item 1? Yes |
| i. Audo Audiosocu IV. | If YES, enter delivery address below: |
| | N 22 |
| Tim Bodt | 1 2 35 |
| Grace Bergin | ے ج |
| 216 E. Scribner Avenue | > 5 C- |
| | 3. Service Type D N OF |
| DuBois, PA 15801 | Service Type State Type Mail State Sta |
| | Registered Return Receipt for Merchandise |
| | ☐ Insured Mail ☐ ☐ ☐ D.D. |
| | 4. Restricted Delivery? (Botos Fee) - Yes |
| | and the second s |
| 2. Article Number 7[| 008 3230 0800 7452 0836 |
| LIMBERT TOTAL CORUCA (SPAII | |

| Wentsole) Q. P. SENDER COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| 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. D. Land L. |
| 1. Article Addressed to: Tabitha Smith 8945 Route 28 | If YES, enter delivery address below: No No No No No No No No No N |
| Mayport, PA 16240 | 3. Service Type Certified Malio Registered Insured Malio Insured Malio CO.D. 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number 700 | 8 3230 0000 9450 3297 |
| (Transfer from service label) PS Form 3811, February 2004 Domestic F | Return Receipt 102595-02-M-1549 |
| 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: Nancy Moore | A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (Printed Narie) C. Date of Delivery D. Is delivery address different from item 1 Yes If YES, enter delivery address below: |
| Nancy Moore 300 Green Ridge Drive DuBois, PA 15801 | 3. Service Type Certified Mail Express Mail Registered Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number 7 [] | 8 3230 0000 9450 3228 |
| PS Form 3811, February 2004 Dornestic Dornestic Dornestic Dornestic Dornestic Dornestic 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. | Return Reneipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A Signature B. Received by (Printed Name) C. Date of Delivery |
| James W. Mack 74 Sunset Drive DuBois, PA 15801 | D. Is delivery address tifferent from item d.7. Yes If YES, enter delivery address below. No P |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) | 08 3230 0000 9450 1736 |

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| 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. | A. Signature X Agent Addressee B. Received by Printed Rame) C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | Valp 1. Hoen & 6-70-15 |
| Article Addressed to: | D. is delivery address different from Jem 1? Yes If YES, enter delivery address delivery. |
| | CE -7 |
| Ralph E. Hamby 270 Highland Street Ext. | PI PAL PAL |
| DuBois, PA 15801 | 3. Service Type CD N |
| Dubois, 171 13001 | Certified Mail Registered Insured Mail Registered Discrete Mail |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7008 38 | 230 0000 9450 3600 |
| PS Form 3811, February 2004 Domestic Ret | turn Receipt 102595-02-M-1540 |
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| Weidfall oil | Wall 10-73 of al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X // Addressee |
| so that we can return the Card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | D. Is delivery address different pom item 1? Ps |
| 1. Article Addressed to: | If YES, enter delivery address below: |
| 1. Albuid Publication | \$ E .C.≥ |
| John Hook | S. S. |
| 549 Highland Street Ext. | A mm |
| DuBois, PA 15801 | 3. Service Type |
| 2 32 010, 171 13 001 | Certified Mai Debress Mail Registered DeBeturn Receipt for Merchandise Insured Mai Debress Mail |
| | 4. Restricted Delivery? (Extra Fee) |
| A A State Management | 7008 3230 0000 9452 0676 |
| Article Number (Transfer from service label) | 102595- 02-M-15 4 |
| | Return Receipt 102595-02-41-15- |
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| Windfull Oil | 1100 14-13 et al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| Print your name and address on the reverse | X Dott Sulga - Addressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (PrintageName) C. Date of Delivery |
| or on the front if space permits. | D. Is delivery address Herentson item 1? Yes |
| Article Addressed to: | If YES, enter delivery address below: |
| | \$ 16.5 Sur \$ 2 |
| Beth Gilga | and the second of the second o |
| 735 Shamokin Trail | The grant letter and a Section of the section of th |
| DuBois, PA 15801 | 3. Service Type |
| | Certified Meli Corpress Mall |
| | Registered Receipt for Merchandlee |
| | |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 700 | |

| Windfall Oil | 1KC 14-23 of d |
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| SENDEH, COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. | Addressee |
| Print your name and address on the reverse so that we can return the card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, | Karen Hover |
| or on the front if space permits. | D. Is delivery address derent from item 1? |
| Article Addressed to: | If YES, enter deliver address below: No |
| | 26.1 Al/19.1 13.1 WHS |
| Windfall Oil & Gas, Inc. | 200 (har) Ra Say |
| 377 Aviation Way | 307 63/78 CMGER 14-17040 |
| Reynoldsville, PA 15851 | 3. Service Type |
| | Certified Mail Control Description |
| | ☐ Registered ☐ Regum Receip For Merchandise ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
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| (Transfer from service label) | 7008 3230 0000 9452 1055 |
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| Whindfull Oil | 110c. 14-73 et al |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signature |
| Print your name and address on the reverse | X (Addressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Printed Name) / C. Date of Delivery |
| or on the front if space permits. | MICH (1987) 13 |
| 1. Article Addressed to: | D. Is delivery address different from item 1? (5) Yes If YES, enter delivery address below 1 1 1 No |
| k . | The state of the s |
| | LS # PE |
| Nicole Ludwig | 80 IS |
| 1394 Treasure Lake | <u> </u> |
| DuBois, PA 15801 | 3. Service Type |
| | ☐ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandise |
| | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) | 7008 3230 0000 9450 3358 |
| 202 | |
| Po Form 3011, February 2004 Domestic F | Return Receipt 102595-02-M-1540 |
| Whindfull Oil | 110c 14-73 of al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signature |
| Print your name and address on the reverse | Addressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Princed Name) C. Date of Delivery |
| or on the front if space permits. | Dem 5 26 6-22-15 |
| Article Addressed to: | D. Is delivery address difference from item 222 Yes If YES, enter delivery address below? |
| | H 7 HH |
| r : natalad | ₽ ¬ ¬∀ |
| Kerri Bojalad | S A A |
| 61 Pacific Avenue | |
| DuBois, PA 15801 | 3. Service Type > N |
| | Certified Mail CO Brairess Mail Registered Receipt for Merchandise |
| | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number | DO 3230 0000 9450 3525 |
| (Transfer from service label) | TO TEAU UUUU TAU TAEA |

Domestic Return Receipt

| Windfall Ail | UVC 14-73 et al |
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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| Item 4 if Restricted Delivery is desired. | Agent |
| Print your name and address on the reverse so that we can return the card to you. | B received by Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, | Le 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 |
| or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: | If YES, enter deliver address below: |
| | R 5 |
| D. I. Charmont | ₽ CR |
| Rob Stewart | Sm. |
| Edye Stewart | |
| 115 Robin Lane | 3. Service Type All Certified Mail Co |
| DuBois, PA 15801 | Registered CO Di Return Receipt or Merchandise |
| | ☐ Insured Mail ☐ C.O.D. |
| Andrews and the second of the | 4. Restricted Delitery? (Egina Fee) Yes |
| Article Number (Transfer from service label) | |
| | 12.0 |
| PS Form 3811, February 2004 Domestic Re | eturn Receipt 102595-02-M-1540 |
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| Windsule OS | in the lift of the state of |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | |
| Rem 4 If Restricted Delivery is desired | A. Signature |
| Print your name and address on the reverse so that we can return the card to you. | X CAGent |
| Aπach this card to the back of the mailpions | B. Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | Dov. 5 Chuater 10/25/5 |
| Article Addressed to: | D. Is delivery address different from Item 1? Yes |
| | If YES, enter deficery address below: |
| | AR N. S. |
| Michelene Schwabenbauer | 1 |
| Michelene Schwabenbauer | |
| | <u> </u> |
| 835 Pleasant Street | 3. Service Type O |
| | 3. Service Type S S S S S S S S S S S S S S S S S S S |
| 835 Pleasant Street | Certified Mail Company Resistant Receipt for Merchandise |
| 835 Pleasant Street | Certified Mail Coloress Mail Registered Receipt for Merchandies Insured Mail |
| 835 Pleasant Street Reynoldsville, PA 15851 | Certified Mail Company Resistant Receipt for Merchandise |
| 835 Pleasant Street | Certified Mail Registered Insured Mail Restricted Delivery? (Extra Fee) Yes |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) 700 | 4. Restricted Delivery? (Extra Fee) 18 3230 000 9450 3419 |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number | 4. Restricted Delivery? (Extra Fee) 9 14 5 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) 700 | Certified Mail Registered Return Receipt for Merchandise Insured Mail Restricted Delivery? (Extra Fee) Yes 4. Restricted Delivery? (Extra Fee) Yes 18. 3230 000 9450 3419 |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) 700 PS Form 3811, February 2004 Domestic Returns 2004 | Certified Mail Registered Return Receipt for Merchandise Insured Mail Restricted Delivery? (Extra Fee) Yes 4. Restricted Delivery? (Extra Fee) Yes WITH Receipt 102595-02-M-1540 |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Service (Service Indiana) | Complete This section on Delivery |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret Windfall SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | Certified Mail Registered Receipt for Merchandise Insured Mail Restricted Delivery? (Extra Fee) Yes 4. Restricted Delivery? (Extra Fee) Yes 18. 3230 000 9450 3419 Um Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret Ulindfall 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 | Certified Mail Complete Research Receipt for Merchandise Insured Mail Complete Receipt for Merchandise Complete This Section on Delivery A. Signature A. Signature A. Signature A. Agent |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Retained 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. | Certified Mail Registered Receipt for Merchandise Insured Mail Restricted Delivery? (Extra Fee) Yes 4. Restricted Delivery? (Extra Fee) Yes 18. 3230 000 9450 3419 Um Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret Ulindfall 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 | A Signature A Sig |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret Windfall 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, | Certified Mail Registered Resturn Receipt for Merchandiee Insured Mail Restricted Delivery? (Extra Fee) Yes 4. Restricted Delivery? (Extra Fee) Yes 18. 3230 000 9450 3419 um Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Addressee R. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret Windfall 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. | Certified Mail Registered Resturn Receipt for Merchandiee Insured Mail Restricted Delivery? (Extra Fee) Yes 4. Restricted Delivery? (Extra Fee) Yes 18. 3230 0000 9450 3419 UTC 14-13 1 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret Windfall 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: | Certified Mail Registered Resturn Receipt for Merchandiee Insured Mail Restricted Delivery? (Extra Fee) Yes 4. Restricted Delivery? (Extra Fee) Yes 18. 3230 0000 9450 3419 UTC 14-13 1 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return of the 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. Peter L. Erickson | Registered Receipt for Merchandies Insured Mail Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret Windfall (S) 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: Peter L. Erickson Dawn Erickson | Certified Mail Colors Research Receipt for Merchandies Insured Mail Color.D. 4. Restricted Delivery? (Extra Fee) Yes 18. 3230 0000 9450 3419 UTC 14-13 1 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addressee 18. Received by Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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. Article Addressed to: Peter L. Erickson Dawn Erickson 59 Robin Lane | A Signature A Signature Complete This section on Delivery C |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret Windfall (S) 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: Peter L. Erickson Dawn Erickson | A Signature A Signature Complete This Section on Delivery C |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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. Article Addressed to: Peter L. Erickson Dawn Erickson 59 Robin Lane | A Signature A Signature Complete This Section on Delivery C |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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. Article Addressed to: Peter L. Erickson Dawn Erickson 59 Robin Lane | Registered Resturn Receipt for Merchandies Insured Mail Restricted Delivery? (Extra Fee) Yes 4. Restricted Delivery? (Extra Fee) Yes Yes 18. 323 |
| 835 Pleasant Street Reynoldsville, PA 15851 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return of the service label of the service labe | A Signature A Signature Complete This Section on Delivery C |

Domestic Return Receipt

| | 4xc 14-13 et al |
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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signisture Agent Addressee |
| 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. | B. Deceived by (Printed Name) C. Date of Delivery |
| Article Addressed to: | D. 15 delivery address different from item 1? Yes If YES, enter delivery address below: |
| | 7V. 201 |
| Barb Emmer | 5 JU |
| 526 First Street | 3. Şervice Type D w |
| DuBois, PA 15801 | Certified Malin Corress Mail Registered Return Receiption Merchandise |
| | 4. Restricted Delivery? (Sera Fee) |
| 2. Article Number (Transfer from service label) | 3230 000 9550 3648 |
| PS Form 3811, February 2004 Domestic Retu | rn Receipt 102595-02-M-1540 |
| Windsoll Oil | Uxc 14-73 et al |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Signature |
| Print your name and address on the reverse so that we can return the card to you. | B _N Received by (Printed Name) , C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| Vannath Daviannika | 201 ENV |
| Kenneth Doverspike 70 Barr Road | - 10mg 素 |
| DuBois, PA 15801 | 3. Service Type Certified Mail |
| | □ Insured Mail □ □ □ □ □ □ □ Yes 4. Restricted Delivery? (Extra Fee) □ □ Yes |
| 2. Article Number (Transfer from service label) | |
| PS Form 3811, February 2004 Domestic Retur | n Receipt 0 102595-02-M-1540 |
| Windfall Oil | Uve 14-73 et al 1 |
| 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 | A. Signature X Y Agent Addressee |
| 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. | B Received by (Printed Name) C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No |
| Kim Norris | al bair XE JES |
| 186 Baker Road | S. E |
| DuBois, PA 15801 | 3. Service Type Certified Mail Registered Registered Registered |
| | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery (Extra Fee) ☐ Yes |
| | |

Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| 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 / - |
| Vivian Marshall St. Michaels Terrace 111 W. Long Ave. Apt. 5E DuBois, PA 15801 | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type A Certified Mail Registered Return Receipt (DMerchandise Insured Mail Restricted Delivery (Exta-Fee) |
| 2. Article Number 7ППА | 3530 0000 \$350x8PP5 |
| (mansier from service label) | |
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| Windfall Oil | ute 14-13 of al |
| 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, | A. Signature X. Mar. Well Garden Addresse B. Received by (Printed Name) C. Date of Deliver |
| or on the front if space permits. | D is delivery address different from item 1? Yes |
| 1. Article Addressed to: Gale Wells 159 Potter Lane | D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No |
| DuBois, PA 15801 | 3. Service Type Certified Mail Registered Return Recally for Merchandise Insured Mail 4. Restricted Delivery? (Exer Fee) Yes |
| 2. Article Number | D8 3230 00\$0 \$750 3518 |
| (Transfer from service label) | |
| PS Form 3811, February 2004 Domestic | Return Receipt 102595-02-M-15 |
| Windfall Oil 11 | UC 14-73 Hal |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | |
| item 4 if Restricted Delivery is desired. | A. Signaturé |
| Print your name and address on the reverse so that we can return the card to you. | X ☐ Addressee |
| Attach this card to the back of the mailpiece, or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery |
| . Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes |
| in the second se | If YES, enter delivery address below: No |
| Tia Carpenter | i |
| 240 Maple Avenue | . A 🚉 C∷ |
| DuBois, PA 15801 | 3. Service Type Θ ω |
| DuDois, 1 A 13001 | Certified Mail Registered Insured Mail Card Resum Recent for Merchandise |
| | 4. Restricted Deliver (Extended) ☐ Yes |
| . Article Number (Transfer from service label) | 2008 3230 B000A452 0850 |
| (Transfer from service label) | |

| 33 434 4 37 37 37 | 112C 14-13 stal |
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| 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 revers so that we can return the card to you. Attach this card to the back of the mailpied or on the front if space permits. | se X Wear Eermus Addressee |
| Article Addressed to: | D. Is delivery address differen from item 1? Yes If YES, enter delivery address below: No |
| Diane Bernardo 8 Tower Lane DuBois, PA 15801 | 3. Service Type Certified Mail Registered Insured Mail Co.D.D. |
| 2. Article Number | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| (Transfer from service label) | 108 3230 0000 9450 3273 |
| PS Form 3811, February 2004 Dome | estic Return Receipt 102595-02-M-1540 |
| Chestina 2 | |
| Complete items 1, 2, and 3. | COMPLETE THIS SECTION ON DELIVERY A. Signature |
| Tem 4 if Restricted Delivery is desired. | Y Agent □ Agent |
| Attach this card to the back of the mailpiece of on the front if space permits. | B. Boschvod by (Drietary March) C. Data of Dalisson |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| Tom Nelen Sue Nelen | 2015 JU |
| 152 #2 Shaft Road DuBois, PA 15801 | 3. Service Type Certified Mail Despess Mail Registered Insured Mail Registered Despess Mail Rectum Receipt for Merchandise |
| | 4. Postricted Deligence (Fitten Eng.) |
| 2. Article Number | 4. Restricted Delivery? (ERror Fee) |
| (Transfer from service label) | 4. Restricted Delicely? (Extra Fee) . C - Yes 7008 3230 2000 9452 0775 |
| (Transfer from service label) | |
| (Transfer from service label) | 7008 3230 300 0 9452 0775 |
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| Print your name and address on the reverse so that we can return the back of the mailpiece. | Part Part Part Part Part Part Part Part |
| PS Form 3811, February 2004 Dome 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. | Partic Return Receipt 102595-02-M-1540 102595- |
| PS Form 3811, February 2004 Dome 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. Article Addressed to: | Partic Return Receipt 102596-02-M-1540 102596-02-M-1540 102596-02-M-1540 102596-02-M-1540 102596-02-M-1540 102596-02-M-1540 102596-02-M-1540 Agent PAddressee B. Received by (Printed Name) C. Date of Delivery CEC/L EmbEl/CTG-18-15 D. Is delivery address differences om item 1? Yes |
| PS Form 3811, February 2004 Dome 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. | Pestic Return Receipt 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. C. L. L. L. L. C. C. B. L. C. C. C. C. B. L. C. |
| PS Form 3811, February 2004 Dome 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. Article Addressed to: Cecil E. Gelnett 831 Highland Street Ext. | Partic Return Receipt 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 102595-02-M-1540 Agent Addressee B. Received by (Printed Name) C. Date of Delivery C.C. L. L. T. C. T. C |

Domestic Return Receipt

| | COMPLETE THIS SECTION ON DELIVERY |
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| 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. Dunne Agent B. Received by (Paraled Name) C. Date of Deliver Zachary Saul E |
| Dawn Smith | D. Is delivery address different from item 1 Yes If YES, enter delivery address below. No |
| 9826 Tyler Road Penfield, PA 15849 | 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) | 3230 0000 9450 3679 |
| Windfall Och | 11EC 14-73 of al |
| 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, | A Signature A Signature A Agent D Received by (Printed Name) C. Date of Deliver C. Date of Deliver C. Date of Deliver |
| or on the front if space permits. 1. Article Addressed to: Donna J. Boring | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| 17 Carson Avenue DuBois, PA 15801 | 3. Service Type Certified Mail Registered Insured Mail C.O.B. |
| | 4. Restricted Delivery (Extra Fee) |
| 2. Article Number | |
| 2011 | 4. Restricted Delivery (Extra Fee) Yes 8 3230 0000 9450 3501 Return Receipt 102595-02-M-15 |
| PS Form 3811, February 2004 Domestic F Windfull () L St NDER: 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, | Return Receipt 102595-02-M-15 COMPLETE THIS SECTION ON DELIVERY A. Signature X |
| PS Form 3811, February 2004 Domestic F LUMBER: 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. | Return Receipt 102595-02-M-15 COMPLETE THIS SECTION ON DELIVERY A. Signature X |
| PS Form 3811, February 2004 Domestic of the Management of the 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. Michael Stockdale Lacey Stockdale | Return Receipt 102595-02-M-15 COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature A. Received by (Filtred Newse) B. Received by (Filtred Newse) C. Date of Delive |
| PS Form 3811, February 2004 Domestic F St NDER: 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. Article Addressed to: Michael Stockdale | Return Receipt 102595-02-M-15 COMPLETE THIS SECTION ON DELIVERY A. Signature X. Agent Addresse B. Received by (Filted Name) C. Date of Delive C. Date of Deli |

| Complete items 1, 2, and 3. Also complete items 4. 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: Article Number Agent A | Windfall Oil | UTL 14-73 et al |
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| Remit 4 Fleetricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Article Addressed to: Jennifer Hicks 8 Prospect Avenue DuBois, PA 15801 2. Article Number (fleeted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. A Addressed to: Monica Lockhart David M. Kovall 1298 Highland Street Ext. DuBois, PA 15801 Complete terms 1, 2, and 3. Also complete item 4 if fleetricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. A tricle Addressed to: Monica Lockhart David M. Kovall 1298 Highland Street Ext. DuBois, PA 15801 Complete terms 1, 2, and 3. Also complete item 4 if fleetricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. A tricle Addressed to: Monica Lockhart David M. Kovall 1298 Highland Street Ext. DuBois, PA 15801 Complete terms 1, 2, and 3. Also complete item 4 if fleetricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. A tricle Addressed to: Monica Lockhart David M. Kovall 1298 Highland Street Ext. DuBois, PA 15801 Complete terms 1, 2, and 3. Also complete item 4 if fleetricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. A trach this card to the back of the mallplece, or on the front if space permits. A service Type Service Type Complete terms 1, 2, and 3. Also complete item 4 if fleetricted Delivery is desired. D. is delivery addressingle mitem 17: Yes MYES, enter delivery is desired. D. is delivery addressingle mitem 17: Yes MYES, enter delivery (Extra Fee) Yes Delivery addressingle mitem 17: Yes MYES, enter delivery (Extra Fee) Delivery Print your name and address on the reverse so that we can return the card to you. A trach this card to the back of the mallplece, or on the front if space permits. 1. Article Addressed to: Helen Jenney 1252 High | SENCEP COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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