



CHEYENNE COUNTY BOARD OF COMMISSIONERS

P.O. Box 567, 51 South 1st Cheyenne Wells, CO 80810 Website: www.co.cheyenne.co.us
Phone: (719) 767-5872 Fax: (719) 767-5753 Email: ccadmin@rebeltec.net

March 1, 2017

Division of Reclamation, Mining & Safety
Attn. Timothy A. Cazier, P.E.
1313 Sherman Street, Room 215
Denver, CO 80203

Re: Jolly Pit #3; DRMS File No. M-2016-075, Second Adequacy Review

Dear Mr. Cazier:

The purpose of this letter is to respond to the second adequacy review letter dated February 13, 2017 for the aforementioned Limited Impact (110) Operation Reclamation Permit Application for consideration in Cheyenne County, Colorado.

Attached is an Affidavit of Publication for proof of publishing the required notice in a newspaper of general circulation in the locality of the proposed mining operation pursuant to Rule 1.6.2(1)(d).

Also attached is certified return receipt copies for proof of providing the above newspaper notice to owners of record of the surface and mineral rights, and owners of record of all land surface within 200 feet of the boundary of the affected lands pursuant to Rule 1.6.2(1)(e).

Cheyenne County respectfully requests that the Division find the aforementioned response to the second adequacy review of our 110c construction materials reclamation permit application sufficient. We truly appreciate your time and consideration of this matter. If you have any questions or concerns, please do not hesitate to contact this office at the address, phone number or email address listed above.

Sincerely,

Marcy L. Brossman
Cheyenne County Administrator

Attachments

Rod Pelton, Commissioner Chairman

Nancy Bogenhagen, Commissioner

Patrick J. Ward, Commissioner Vice Chairman

Marcy L. Brossman, Administrator

Patricia Daugherty, Clerk to the Board

AFFIDAVIT OF PUBLICATION

STATE OF COLORADO }
COUNTY OF CHEYENNE } {SS.

I, Nancy Bogenhagen, being duly sworn, deposes and says:

1. That she is the publisher of THE RANGE LEDGER and CHEYENNE WELLS RECORD, a weekly newspaper published in the Town of Cheyenne Wells, County of Cheyenne and State of Colorado.

2. That the said THE RANGE LEDGER and CHEYENNE WELLS RECORD is printed and published at regular intervals, one each week on Thursday, and that it has a general circulation in the County of Cheyenne and elsewhere.

3. That the said The Range Ledger and Cheyenne Wells Record was established and has been published in said County uninterruptedly and continuously during the period of at least fifty-two consecutive weeks prior to the first issue thereof containing said Application for a Construction Materials Limited Impact Reclamation Permit, a copy of which is hereto attached

4. That the said THE RANGE LEDGER and CHEYENNE WELLS RECORD is a weekly newspaper within the meaning of "An Act Concerning Legal Notice, Advertisements and Publications and Fees of Printers and Publishers Thereof and to Repeal all Acts and Parts of Acts in conflict with the Provisions of this Act", being Chapter 139 of the Session Laws of Colorado of 1923 as amended by Chapter 113 of the Sessions Laws of Colorado of 1931. The act amended and repealed by Chapter 139 of the Session Laws of Colorado of 1921, the same sections 5392 to 5400, both inclusive, of the Compiled Laws of the State of Colorado of 1921.

5. That the said annexed Application for a Construction Materials Limited Impact Reclamation Permit, published in the regular and entire edition of THE RANGE LEDGER and CHEYENNE WELLS RECORD, a duly qualified weekly newspaper for the purpose, within the terms and meaning of the above named Acts.

6. That the said annexed Application for a Construction Materials Limited Impact Reclamation Permit, is a full, true and correct copy of the original which was regularly published in each of the regular and entire issues of said newspaper, a legally qualified paper for that purpose, once each week, on the same day of each week, for one successive weeks by one insertions and that first publication thereof was in the issue dated February 2, 2017 and that the last publication was in the issue dated February 2, 2017.

.....Nancy Bogenhagen.....
Publisher

Subscribed and sworn to before me this 7th
day of February, 2017

.....Debra J. Shank.....
NOTARY PUBLIC

My Commission Expires October 24, 2017

PUBLIC NOTICE

Cheyenne County, whose address is P.O. Box 567, 51 South 1st Street, Cheyenne Wells, Colorado 80810, (719) 767-5872, has filed an application for a Construction Materials Limited Impact (110) Reclamation Permit with the Colorado Mined Land Reclamation Board under provisions of the Colorado Land Reclamation Act for the Extraction of Construction Materials. The proposed mine is known as the Jolly Pit #3, and is located at or near Section 10, Township 12 South, Range 48 West of the 6th Prime Meridian.

The proposed date of commencement is March 1, 2017, and the proposed date of completion is December 31, 2027. The proposed future use of the land is to be reclaimed to primary pastureland.

Additional information and tentative decision date may be obtained from the Division of Reclamation, Mining and Safety, 1313 Sherman Street, Room 215, Denver, Colorado 80203, (303) 866-3567, or at the Cheyenne County Clerk and Recorder's office or Administrator's office; P.O. Box 567, 51 South 1st Street, Cheyenne Wells, Colorado 80810, or the above named applicant. A complete copy of the application is available at the County Clerk and Recorder's office, County Administrator's office and at the Division's office.

Comments concerning the application and exhibits must be in writing and must be received by the Division of Reclamation, Mining and Safety by 4:00 p.m. on February 12, 2017.

Published February 2, 2017
in The Range Ledger

DEBRA J. SHANK
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20014033689
MY COMMISSION EXPIRES OCTOBER 24, 2017

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard C Lange
204 1/2 Chipeta Pines Ct.
Grand Junction, CO 81503

9590 9402 1644 6053 5435 42

2. Article Number (Transfer from service label)

7015 0640 0007 9638 7503

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Insured Mail (over \$500) ☐ Signature Restricted Delivery

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven Brown
6466 W. Monticello Ave.
Littleton, CO 80128

9590 9403 0195 5120 1354 90

2. Article Number (Transfer from service label)

7015 0640 0007 9638 7556

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Insured Mail (over \$500) ☐ Signature Restricted Delivery

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- ☐ 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:

Jay R & Diana L Jolly
Mineral Venture LLP
34111 County Rd 23
Hugo, CO 80821

9590 9402 1644 6053 5435 66

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9550

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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- ☐ 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:

Susan I Kern Rev Trust
15 W. 13th St S.
Cheyenne Wells, CO 80810

9590 9402 1644 6053 5435 59

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9597

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Insured Mail (over \$500) ☐ Signature Restricted Delivery

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- ☐ 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:

Simon Farms
18500 County Rd. 30.5
Stratton, CO 80836

9590 9402 1644 6053 5435 11

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9641

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Norma Ann Hill Trust
C/O John Scott Jolly Trustee
1504 Cherry St.
Goodland, KS 67735

9590 9402 1644 6053 5434 29

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9733

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
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- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- ☐ 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:

Fort Worth Royalty Co.
1315 W 10th St.
Fort Worth, TX 76102

9590 9402 1644 6053 5434 98

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9655

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- ☐ 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 E Williams
281 Riker Ct.
Loveland, CO 80537

9590 9402 1644 6053 5435 35

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9610

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail (over \$500)

Domestic Return Receipt

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- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Timothy Kern
84 Offutt Rd
Hanscom AFB, MA 01731

9590 9402 1644 6053 5434 36

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9726

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
☐ Insured Mail ☐ Signature Confirmation Restricted Delivery
(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- ☐ 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:

State of Colorado
1313 Sherman Street
Denver, CO 80203

9590 9402 1644 6053 5433 68

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9832

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
☐ Insured Mail ☐ Signature Confirmation Restricted Delivery
(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Patrick Anthony Jolly
Barbara Jolly & Sons
46999 County Road CC
Kit Carson, CO 80825

9590 9402 1644 6053 5435 04

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9658

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
☐ Insured Mail ☐ Signature Confirmation Restricted Delivery
(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- ☐ 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:

Steven Ted Hood
6023 S. Rice Ave.
Bellaire, TX 77401

9590 9402 1644 6053 5433 99

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9771

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

- ☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
☐ Insured Mail ☐ Signature Confirmation Restricted Delivery
(over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- Article Addressed to:

Barbara L Tapp
PO Box 539
Boise City, OK 73933



9590 9402 1644 6053 5433 75

Article Number (Transfer from service label)

015 0640 0007 9638 9795

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery 2-7-17
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- Article Addressed to:

Lawrence E Brown Family Bypass Trust
21 Meadowridge Lane
Glen Head, NY 11545



9590 9403 0195 5120 1355 13

Article Number (Transfer from service label)

7015 0640 0007 9638 9542

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery 2-7-17
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
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Domestic Return Receipt

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- 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:

Cheryl A Jolly and
John Thomas & Cheryl A Jolly Living Trust
1021 W. 9th
Goodland, KS 67735



9590 9402 1644 6053 5433 20

Article Number (Transfer from service label)

7015 0640 0007 9638 9818

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery Cheryl A. Jolly
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail (over \$500)

Domestic Return Rec

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- Article Addressed to:

Mary Jane Henkel
1546 Reservation Rd SE
Olympia, WA 98513



9590 9402 1644 6053 5434 81

Article Number (Transfer from service label)

7015 0640 0007 9638 9672

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☒ Addressee
- C. Date of Delivery 10th Feb 17
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail (over \$500)

Domestic Return Rec

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☒ 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:

Marione Fowler
PO Box 728
Boise City, OK 73933



9590 9402 1644 6053 5434 67

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9756

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

1. Article Addressed to:

Hugh M French
c/o French Heirs
PO Box 728
Boise City, OK 73933



9590 9402 1644 6053 5434 43

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9759

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
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If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert William Denton
1106 N. 12th St.
Coeur D Alene, ID 83814



9590 9402 1644 6053 5434 50

2. Article Number (Transfer from service label)

015 0640 0007 9638 9702

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
☒ Print your name and address on the reverse so that we can return the card to you.
☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Doris B Nystel
c/o Mildred Nystel
PO Box 206
Cattaraugus, IA 52132



9590 9402 1644 6053 5434 12

2. Article Number (Transfer from service label)

015 0640 0007 9638 9757

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☒ Addressee
C. Date of Delivery
D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- Article Addressed to:

Ekhoft Family Trust
15105 Concord Circle, Suite 100
Morgan Hill, CA 95037

9590 9402 1644 6053 5433 82

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9788

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- Article Addressed to:

Angela Roudybush
PO Box 63
Chapman, KS 67431

9590 9403 0195 5120 1355 20

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9535

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature ☐ Priority Mail Express®
- ☐ Adult Signature Restricted Delivery ☐ Registered Mail™
- ☐ Certified Mail® ☐ Registered Mail Restricted Delivery
- ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Signature Confirmation™
- ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery
- ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- Article Addressed to:

Carolyn Jo Debusk
PO Box 21097
Billings, MT 59104

9590 9402 1644 6053 5443 65

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9501

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

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Loren C. Ehrlich
11516 E 5th St
Lowland, CO 80537


9590 9402 1644 6053 5433 13

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9849

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent
- B. Received by (Printed Name) L. Ehrlich ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail (over \$500)
 - ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Devorah L. Curtis
2857 S. Stuart St.
Denver, CO 80236


9590 9402 1644 6053 5433 37

2. Article Number (Transfer from service label)

7015 0640 0007 9638 9825

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent
- B. Received by (Printed Name) Devorah L. Curtis ☐ Addressee
- C. Date of Delivery FEB 26 2015
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail (over \$500)
 - ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

English

Customer Service

USPS Mobile

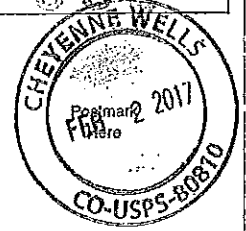


USPS Tracking®

Tracking Number: 70150640000796389559

7015 0640 0007 9638 9559

U.S. Postal Service® CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.10
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.49
Total Postage and Fees	\$ 6.59
Sent To: <u>Michelle Kern</u> Street and Apt. No., or PO Box No. <u>PO Box 704</u> City, State, ZIP+4® <u>Chapman, KS 67431</u>	
PS Form 3800, April 2016 PSN 7530-02-000-9047 See Reverse for Instructions	



Product & Tracking Information

Postal Product:
First-Class Mail®Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
February 27, 2017, 6:08 pm	Departed USPS Destination Facility	WICHITA, KS 67276

Your item departed our WICHITA, KS 67276 destination facility on February 27, 2017 at 6:08 pm. The item is currently in transit to the destination.

February 23, 2017, 1:58 pm	Unclaimed/Max Hold Time Expired	CHAPMAN, KS 67431
February 6, 2017, 8:27 am	Available for Pickup	CHAPMAN, KS 67431
February 5, 2017, 1:48 am	Arrived at USPS Destination Facility	WICHITA, KS 67276
February 4, 2017, 12:06 am	Departed USPS Facility	DENVER, CO 80266
February 3, 2017, 10:28 pm	Arrived at USPS Origin Facility	DENVER, CO 80266
February 3, 2017, 4:11 pm	In Transit to Destination	
February 3, 2017, 3:31 pm	Departed Post Office	CHEYENNE WELLS, CO 80810
February 2, 2017, 4:11 pm	Acceptance	CHEYENNE WELLS, CO 80810

Available Actions

Text Updates

Email Updates

Track Another Package

Tracking (or receipt) number

Track It

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

Sign up for My USPS >



English

Customer Service

USPS Mobile

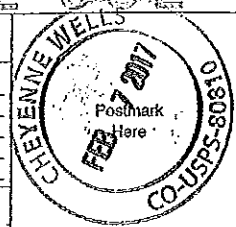


USPS Tracking®

Tracking Number: 70150640000796389849

7015 0640 0007 9638 9849

U.S. Postal Service® CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	\$ 3.85
Extra Services & Fees (check box, add fees as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.49
Total Postage and Fees	\$ 4.59
Sent to <u>Loren C Ehrlich</u>	
Street and Apt. No. or PO Box No. <u>1156 E 5th St</u>	
City, State, ZIP+4® <u>LOVELAND CO 80537</u>	
PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions	



Product & Tracking Information

Postal Product:
First-Class Mail®Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
February 17, 2017, 11:39 am	Delivered	LOVELAND, CO 80537

Your item was delivered at 11:39 am on February 17, 2017 in LOVELAND, CO 80537.

February 10, 2017, 12:19 pm	Notice Left (No Authorized Recipient Available)	LOVELAND, CO 80537
February 9, 2017, 10:58 pm	Departed USPS Facility	DENVER, CO 80266
February 8, 2017, 9:10 pm	Arrived at USPS Facility	DENVER, CO 80266
February 8, 2017, 4:07 pm	In Transit to Destination	
February 8, 2017, 3:31 pm	Departed Post Office	CHEYENNE WELLS, CO 80810
February 7, 2017, 4:07 pm	Acceptance	CHEYENNE WELLS, CO 80810

Available Actions

Text Updates

Email Updates

Track Another Package

Tracking (or receipt) number

Track It

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

Sign up for My USPS ›



English

Customer Service

USPS Mobile

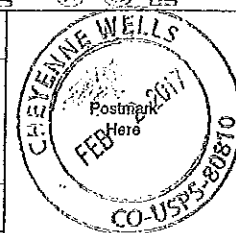


USPS Tracking®

Tracking Number: 70150640000796389627

7015 0640 0007 9638 9627

U.S. Postal Service TM	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.15
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.49
Total Postage and Fees	\$ 6.59
Sent To	
Mary Ann Ferguson	
Street and Apt. No., or PO Box No.	
PO Box 104	
City, State, ZIP+4®	
Kit Carson, CO 80825	
PS Form 3800, April 2015 Edition (2-000-0017) See Reverse for Instructions	



Product & Tracking Information

Postal Product:
First-Class Mail®Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
February 8, 2017, 9:03 am	Delivered, Individual Picked Up at Post Office	KIT CARSON, CO 80825

Your item was picked up at the post office at 9:03 am on February 8, 2017 in KIT CARSON, CO 80825.

February 6, 2017, 11:23 am	Available for Pickup	KIT CARSON, CO 80825
February 6, 2017, 11:22 am	Arrived at Unit	KIT CARSON, CO 80825
February 5, 2017, 7:13 pm	Departed USPS Facility	COLORADO SPRINGS, CO 80910
February 4, 2017, 5:25 pm	Arrived at USPS Facility	COLORADO SPRINGS, CO 80910
February 4, 2017, 12:06 am	Departed USPS Facility	DENVER, CO 80266
February 3, 2017, 10:28 pm	Arrived at USPS Facility	DENVER, CO 80266
February 3, 2017, 4:23 pm	In Transit to Destination	
February 3, 2017, 3:31 pm	Departed Post Office	CHEYENNE WELLS, CO 80810
February 2, 2017, 4:23 pm	Acceptance	CHEYENNE WELLS, CO 80810

Available Actions

Text Updates

Email Updates

Track Another Package

Tracking (or receipt) number

Track It

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

Sign up for My USPS >



English

Customer Service

USPS Mobile



USPS Tracking®

Tracking Number: 70150640000796389764

Updated Delivery Day: Wednesday, February 8, 2017

Product & Tracking Information

Postal Product:
First-Class Mail®Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
February 8, 2017, 11:40 pm	Delivery status not updated	

The delivery status for this item has not been updated as of February 8, 2017, 11:40 pm.

February 8, 2017, 9:40 am	Out for Delivery	SALINAS, CA 93906
February 8, 2017, 9:05 am	Sorting Complete	SALINAS, CA 93906
February 8, 2017, 8:08 am	Arrived at Unit	SALINAS, CA 93907
February 7, 2017, 6:00 pm	Departed USPS Destination Facility	SAN JOSE, CA 95101
February 7, 2017, 11:31 am	Arrived at USPS Destination Facility	SAN JOSE, CA 95101
February 5, 2017, 5:28 am	In Transit to Destination	
February 4, 2017, 12:06 am	Departed USPS Facility	DENVER, CO 80266
February 3, 2017, 10:28 pm	Arrived at USPS Origin Facility	DENVER, CO 80266
February 3, 2017, 4:12 pm	In Transit to Destination	
February 3, 2017, 3:31 pm	Departed Post Office	CHEYENNE WELLS, CO 80810
February 2, 2017, 4:12 pm	Acceptance	CHEYENNE WELLS, CO 80810

Track Another Package

Tracking (or receipt) number

Track It

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

(For delivery information visit our website at www.usps.com)

OFFICIAL USE

Certified Mail Fee \$ **3.35**

Extra Services & Fees (check box, add \$ to total fee)

☒ Return Receipt (hardcopy) \$ **2.75**

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$ **.49**

Total Postage and Fees \$ **6.59**

Sent To **Donna M Jensen Family Living Trust**

Street and Apt. No., or PO Box No. **298 Kathon Dr**

City, State, ZIP+4® **Salinas, CA 93906**

PS Form 3800, April 2016 PSN 7530-02-000-9017 See Reverse for Instructions

CHEYENNE WELLS
Postmark **FEB 02 2017**
CO-USPS-80810

Available Actions

Text Updates

Email Updates

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

Sign up for My USPS >

