



STATE OF
COLORADO

Cazier - DNR, Tim <tim.cazier@state.co.us>

Providence 110d Permit Application

Gloria C Watson <gwatson@murphymining.com>

Tue, Aug 6, 2013 at 2:30 PM

To: tim.cazier@state.co.us

Cc: shannon murphy <shannonpmurphy@msn.com>, Braun Environmental <braunenv@msn.com>, Dave Cullity-MM&E <dcullity@murphymining.com>, tsmithdorf@murphymining.com

Tim,

Attached are copies of receipts of mailings to the three additional land owners not included in the original mailing of the Public Notice of Providence Mining's application for a Mining and Reclamation Permit.

Thank you,

Gloria C. Watson

Office Manager

Murphy Mining & Exploration, LLC

100 W Bennett Ave.

P.O. Box 661

Cripple Creek, CO 80813

[719-689-2605](tel:719-689-2605)

[719-689-2649](tel:719-689-2649) Fax

gwatson@murphymining.com



Mailing Receipts - Landholders Addt'l.pdf

1257K

ence Mining LLC
x 661
e Creek CO 80813

CERTIFIED MAIL™



7007 2560 0000 3980 6553



1000



68770

U.S. POSTAGE
PAID
CRIPPLE CREEK, CO
80813
JUL 22, 13
AMOUNT

\$6.11

00014571-03

Label

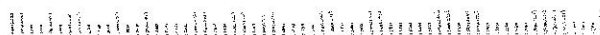
Gregory and Sheila Taylor
PO Box 69
Ponca NE 68770

7/29
8/13

A 802 NFE 10096121000/1/22/13
FORWARD TIME EXP RTN TO SEND
TAYLOR GREGORY L
PO BOX 69
STRATTON NE 68843-0395

RETURN TO SENDER

80813 000001
68770 000003



**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

PONCA NE 68770

OFFICIAL USE

Postage	\$	\$0.46
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.11

0662

03

Postmark
Here

07/22/2013

Sent To

Gregory and Sheila Taylor
PO Box 69
Ponca NE 68770

PS Form 3800, August 2006

See Reverse for Instructions

7007 2560 0000 3980 6553

7007 2560 0000 3980 6560

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

STRATTON NE 69043

Postage	\$ 0.46	0662
Certified Fee	\$3.10	03
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	07/31/2013

Sent To: Gregory & Sheila Taylor
 Street or PO: PO Box 395
 City, State: Stratton NE 69043

PS Form 3800, August 2006

See Reverse for Instructions

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:

Gregory & Sheila Taylor
 PO Box 395
 Stratton NE 69043

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

7007 2560 0000 3980 6560

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

WILLISTON VT 05495

Postage	\$ 10.45 46	0662
Certified Fee	\$3.10	03
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 12.10 11	07/22/2013

Sent To
 Street, Ap
 or PO Box
 City, State
 Mary Silro Revocable Trust
 367 Southfield Drive
 Williston VT 05495

PS Form 3800, August 2006 See Reverse for Instructions

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:

Mary Silro Revocable Trust
 367 Southfield Drive
 Williston VT 05495

2. Article Number
 (Transfer from service label)

7007 2560 0000 3980 6546

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
 7/25/13

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7007 2560 0000 3980 6539

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

DENVER CO 80224

Postage	\$ 0.46	0662
Certified Fee	\$3.10	03
Return Receipt Fee (Endorsement Required)	\$2.55	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	07/22/2013

Sent To
 Street, or PO: Linda Burlis
 City, St: 1380 S Ivey Way
 Denver CO 80224

PS Form 3800, August 2006

See Reverse for Instructions

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:

Linda Burlis
 1380 S Ivey Way
 Denver CO 80224

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Linda Burlis * ☐ Agent
☒ Addressee

B. Received by (Printed Name)
 LINDA BERLIS C. Date of Delivery

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7007 2560 0000 3980 6539