



Groundwater Management Associates, Inc.
2205-A Candun Drive
Apex, NC 27523
Telephone 919-363-6310
www.gma-nc.com

February 24, 2020

Mr. Chad M. Threatt
Alamance Aggregates, LLC
PO Box 552
Snow Camp, NC 27349

RE: Residential Water-Supply Well Survey, Snow Camp Mine

Mr. Threatt:

Groundwater Management Associates, Inc. (GMA) completed the residential water-supply well survey as requested by the North Carolina Department of Environmental Quality (NC DEQ) in their letter dated January 9, 2020. Reinhardt (2018) completed an earlier water-supply well survey for the area about two years ago. Reinhardt's report was prepared for Alamance Aggregates LLC and was titled "Revised Groundwater Monitoring Plan for the Proposed Snow Camp Quarry, Snow Camp, Alamance County, North Carolina". During Reinhardt's investigation, 89 parcels were identified within a 1,500 foot radius surrounding the mining Permit Boundary. The owners of those parcels were contacted during that survey to obtain any water-supply well construction information relevant to their property. Well construction information could not be obtained for 22 of those properties. In their January 9, 2020 letter, NC DEQ requested that Alamance Aggregates LLC contact those property owners again to seek that information.

GMA was asked by Alamance Aggregates LLC to conduct this additional well survey. Our efforts are documented in this letter report. GMA retained the Map ID numbering system for the parcels used in Reinhardt (2018) for easy reference to the original survey. A copy of the Well Survey Map used by Reinhardt (2018) is attached in Appendix A. The yellow highlighted Map ID numbers on that map are the properties included in GMA's supplemental survey.

An example of the letter and survey sent to property owners on January 29, 2020 is attached in Appendix A. Also included in Appendix A is a summary table showing Map ID, parcel address and owner, and any data received from the property owner during this survey. Each letter was mailed Certified with Return Receipt Requested. Each property owner was asked to complete the survey form and return the form to GMA in a provided stamped and addressed envelope by February 17, 2020. Copies of each return and certified mail receipt sent are attached to this letter (Appendix B). A copy of each signed receipt returned to GMA is attached in Appendix C.

GMA received completed survey forms from 11 property owners, and the forms are attached in Appendix D. The new information provided by property owners is summarized in the table in Appendix A. For the remaining 11 parcels, 8 property owners received the survey but did not respond by the date of this letter. As of February 24, 2020, no response or return receipts were received from property owners of parcels with Map ID numbers 71 and 79. One letter was returned as "unclaimed and unable to forward" for the parcel with Map ID number 21.

Please do not hesitate to contact me with any questions.

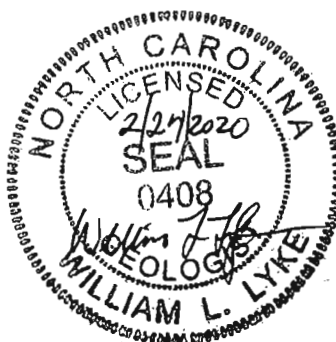
I, William L. Lyke, a Licensed Geologist for Groundwater Management Associates, Inc. (GMA), do certify that the information contained in this report is correct and accurate to the best of my knowledge. GMA is a professional corporation licensed to practice geology (Greenville and Apex, NC #C-121) and engineering (Apex, NC #C-0854) in the state of North Carolina.

Sincerely,

Groundwater Management Associates, Inc.



William L. Lyke, PG, PE
Senior Hydrogeologist/Civil Engineer



Cc: Richard K. Spruill, PhD, PG, GMA;
John J. Wise, PE, GMA,
James K. Holley, PG, GMA

Enclosures: Appendix A – Example Survey Letter, Summary Table, and Map
Appendix B – Certified Mail Receipt for Items Sent by GMA
Appendix C – Copies of Signed Receipts Received for Certified Mail
Appendix D – Completed Survey Forms Received from Property Owners

Appendix A – Example Survey Letter, Summary Table, and Map





2205-A Candun Drive
Apex, NC 27523
Telephone 919-363-6310
www.gma-nc.com

January 29, 2020

SAMPLE LETTER

Millikan Lloyd Earl Jr & Millikan Barbara Fayne
8638 Snow Camp Road
Snow Camp, NC 27349-9726

RE: Residential Water-Supply Well Survey for the Proposed Snow Camp Mine

Dear Mr. and Ms. Millikan:

Alamance Aggregates has applied for a permit to operate a mine in southern Alamance County. Your property is located near the site and potentially within what is called the "zone of influence" for groundwater in the area. Alamance Aggregates previously reached out to neighbors for whom we did not find current well data in the Alamance County Health Department. Your property is among those whose data is not in county records. Because you did not respond to the previous well survey, you are being contacted again for information regarding your well or wells.

The attached form identifies the information we are seeking. Please complete the form and mail it to Groundwater Management Associates, Inc. by February 17, 2020.

Thank you in advance for your assistance.

Sincerely,

Groundwater Management Associates, Inc.

William L. Lyke, P.E., P.G.
Senior Hydrogeologist/Civil Engineer

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Millikan Lloyd Earl Jr & Millikan Barbara Fayne 8638 Snow Camp Road Snow Camp, NC 27349-9726
Parcel Site Address:	8638 Snow Camp Road
Parcel ID:	102680
Old Tax ID:	8-25-38
MAP ID #:	4

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes _____ **No** _____

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available _____

Well Number:	1		Well Number:	2
Circle the use of the well:	Drinking Water Irrigation		Circle the use of the well:	Drinking Water Irrigation
Total Depth of Well (in feet below land surface):			Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):			Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):			Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):			Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):			Pump Type/Depth (submersible, jet, etc):	
Date Drilled:			Date Drilled:	
Driller Name/Company:			Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

Well Survey Findings- 1,500' Radius from the Permit Boundary- January 29, 2020- Snow Camp Quarry.

Map ID	Property Information	Well Information
4	Parcel ID: 102680 Old Tax ID: 8-25-38 Parcel Site Address: 8638 Snow Camp Road Owner Information: Millikan Lloyd Earl Jr & Millikan Barbara Fayne 8638 Snow Camp Road Snow Camp, NC 27349-9726 A signed Return Receipt was received by GMA. No owner response.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
21	Parcel ID: 102714 Old Tax ID: 8-25-48 Parcel Site Address: 185 Workman Rd Owner Information: Sink Bradley 185 Workman Rd Snow Camp, NC 27349 Letter/Survey was returned undelivered, unclaimed and unable to forward.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
23	Parcel ID: 102734 Old Tax ID: 8-25-14 Parcel Site Address: 330 Workman Rd Owner Information: Mcnees James W & Mcnees Kristina A 330 Workman Rd Snow Camp, NC 27349 A signed Return Receipt was received by GMA. No owner response.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:

Well Survey Findings- 1,500' Radius from the Permit Boundary- January 29, 2020- Snow Camp Quarry.

Map ID	Property Information	Well Information
28	Parcel ID: 171482 Old Tax ID: 8-25-101 Parcel Site Address: Roselle Road Owner Information: Brande Norma Jean Clark 3012 Robinhood Dr Greensboro, NC 27408 Owner Responded to the Survey.	Use of Well: inactive, no information available
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
30	Parcel ID: 102733 Old Tax ID: 8-25-22 Parcel Site Address: 1503 Quackenbush Rd Owner Information: Stuart Danny Ray 1503 Quackenbush Rd Snow Camp, NC 27349 Owner Responded to the Survey. Well #1	Use of Well: drinking water
		Total Depth of Well: 90 feet
		Casing Depth: ?
		Static Water Level: 70 feet
		Well Yield: 10 gallons per minute
		Pump Type: submersible
		Date Drilled: 1981
		Driller Name/Company: Maness & Son Inc.
30	Parcel ID: 102733 Old Tax ID: 8-25-22 Parcel Site Address: 1503 Quackenbush Rd Owner Information: Stuart Danny Ray 1503 Quackenbush Rd Snow Camp, NC 27349 Owner Responded to the Survey. Well #2	Use of Well: drinking water, used for animals
		Total Depth of Well: 50 feet
		Casing Depth:
		Static Water Level:
		Well Yield: 2 gallons per minute
		Pump Type:
		Date Drilled: 1950
		Driller Name/Company: hand dug

Well Survey Findings- 1,500' Radius from the Permit Boundary- January 29, 2020- Snow Camp Quarry.

Map ID	Property Information	Well Information
35	Parcel ID: 1027772 Old Tax ID: 8-25-93 Parcel Site Address: 1755 Quackenbush Rd Owner Information: Ratcliffe Heather 1722 Quackenbush Rd Snow Camp, NC 27349 A signed Return Receipt was received by GMA. No owner response.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
36	Parcel ID: 102769 Old Tax ID: 8-25-72 Parcel Site Address: 1732 Quackenbush Rd Owner Information: Alicia White 1732 Quackenbush Rd Snow Camp, NC 27349 Former Owner: Lee 9448 NC Highway 49 S Liberty, NC 27298-9087 Owner Responded to the Survey.	Use of Well: active, no information available
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
38	Parcel ID: 102791 Old Tax ID: 8-25-29 Parcel Site Address: 1902 Quackenbush Rd Owner Information: Carter Bonnie S 1902 Quackenbush Rd Snow Camp, NC 27349 Owner Responded to the Survey.	Use of Well: active
		Total Depth of Well: 200 feet
		Casing Depth: ?
		Static Water Level: ?
		Well Yield: ?
		Pump Type: submersible
		Date Drilled: 1986 & 1987
		Driller Name/Company: ?

Well Survey Findings- 1,500' Radius from the Permit Boundary- January 29, 2020- Snow Camp Quarry.

Map ID	Property Information	Well Information
40	Parcel ID: 102793 Old Tax ID: 8-25-98 Parcel Site Address: 1954 Quackenbush Rd Owner Information: Crawford Barry Lynn 1918 Quackenbush Rd Snow Camp, NC 27349 A signed Return Receipt was received by GMA. No owner response.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
45	Parcel ID: 102770 Old Tax ID: 8-25-28 Parcel Site Address: 1841 Quackenbush Rd Owner Information: Ray Wanda W 1841 Quackenbush Rd Snow Camp, NC 27349-8701 Owner Responded to the Survey.	Use of Well: active
		Total Depth of Well: 180 feet
		Casing Depth: 21 feet
		Static Water Level: n/a
		Well Yield: n/a
		Pump Type: submersible
		Date Drilled: 10/23/1998
		Driller Name/Company: Maness & Sons Inc
47	Parcel ID: 102790 Old Tax ID: 8-25-20 Parcel Site Address: 1907 Quackenbush Rd Owner Information: Poe William R & Donna L 1907 Quackenbush Rd Snow Camp, NC 27349 Owner Responded to the Survey.	Use of Well: no information available
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:

Well Survey Findings- 1,500' Radius from the Permit Boundary- January 29, 2020- Snow Camp Quarry.

Map ID	Property Information	Well Information
49	Parcel ID: 102789 Old Tax ID: 8-25-81 Parcel Site Address: Whitehouse Ct Owner Information: Poe William R & Donna L 1907 Quackenbush Rd Snow Camp, NC 27349 Owner Responded to the Survey.	Use of Well: no water-supply well on property
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
61	Parcel ID: 102607 Old Tax ID: 8-26-33 Parcel Site Address: 732 Clark Rd Owner Information: Parker Eddie Dean 732 Clark Rd Snow Camp, NC 27349 A signed Return Receipt was received by GMA. No owner response.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
67	Parcel ID: 102597 Old Tax ID: 8-6-51 Parcel Site Address: 575 Clark Rd Owner Information: Kime David & Lisa 575 Clark Rd Snow Camp, NC 27349 Owner phoned GMA with questions regarding the Survey. Contact information was provided to Alamance Aggregates LLC for a response. Owner Responded to the Survey.	Use of Well: active, no information available
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:

Well Survey Findings- 1,500' Radius from the Permit Boundary- January 29, 2020- Snow Camp Quarry.

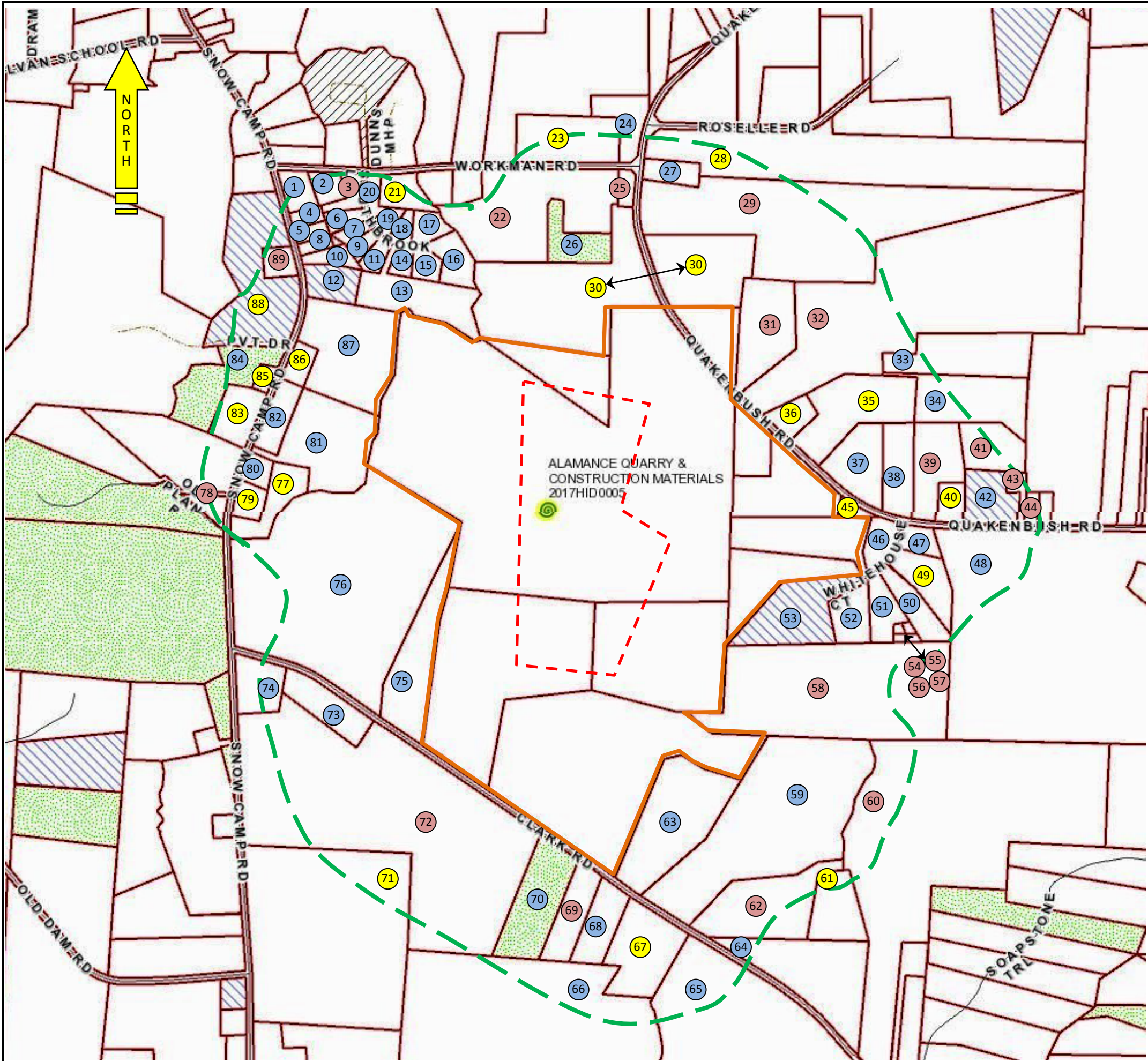
Map ID	Property Information	Well Information
71	Parcel ID: 102578 Old Tax ID: 8-6-19 Parcel Site Address: 9312 Snow Camp Rd Owner Information: Prusik Anthony K 9312 Snow Camp Rd Snow Camp, NC 27349 Former Owner: Woody JP Isley JP 2415 Orice St Burlington, NC 27215 Former Owner responded they no longer owned the property. A signed Return Receipt from the new owner was not received by GMA.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
74	Parcel ID: 102670 Old Tax ID: 8-26-55 Parcel Site Address: 123 Clark Rd Owner Information: Kornberg Grant C & Holly 123 Clark Rd Snow Camp, NC 27349 Owner Responded to the Survey.	Use of Well: active
		Total Depth of Well: 160 feet
		Casing Depth: 45 feet
		Static Water Level: 25 feet
		Well Yield: 8 gallons per minute
		Pump Type: submersible
		Date Drilled: 6/25/1985
		Driller Name/Company: not specified
77	Parcel ID: 102674 Old Tax ID: 8-25-34 Parcel Site Address: 8950 Snow Camp Rd Owner Information: Graves Eula A 'Judy' Heirs 237 Graves Watlington Rd Yanceyville, NC 27379 Owner Responded to the Survey.	Use of Well: active
		Total Depth of Well: 145 feet
		Casing Depth: 20 feet
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company: Brown Brothers Drilling, Registration No. 652

Well Survey Findings- 1,500' Radius from the Permit Boundary- January 29, 2020- Snow Camp Quarry.

Map ID	Property Information	Well Information
79	Parcel ID: 102672 Old Tax ID: 8-25-15g Parcel Site Address: Snow Camp Rd Owner Information: Graves William J Jr 2109 Yorkshire Drive Greensboro, NC 27406 A signed Return Receipt was not received by GMA.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
83	Parcel ID: 102671 Old Tax ID: 8-25-2a Parcel Site Address: 8825 Snow Camp Owner Information: Braxton Carol S PO Box 596, 8825 Snow Camp Rd Snow Camp, NC 27349 A signed Return Receipt was received by GMA. No owner response.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:
85	Parcel ID: 102677 Old Tax ID: 8-25-15d Parcel Site Address: 8809 Snow Camp Rd Owner Information: Stout 2680 S. Mebane St, Apt 125 Burlington NC 27215-5999 A signed Return Receipt was received by GMA. No owner response.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:

Well Survey Findings- 1,500' Radius from the Permit Boundary- January 29, 2020- Snow Camp Quarry.

Map ID	Property Information	Well Information
86	Parcel ID: 102678 Old Tax ID: 8-25-15a Parcel Site Address: Snow Camp Rd Owner Information: Sanders Deborah Anne 8900 Snow Camp Rd Snow Camp, NC 27349 Owner response. This information is for Parcel 102675. Owner also owns 8822 Snow Camp Road parcel, for which she did not receive a survey.	Use of Well: active, drinking water
		Total Depth of Well: 190 feet
		Casing Depth: unknown
		Static Water Level: unknown
		Well Yield: 10 gallons per minute
		Pump Type: 190 feet
		Date Drilled: 3/31/2017
		Driller Name/Company: Eddies Pump & Well Service
88	Parcel ID: 102679 Old Tax ID: 8-25-15 Parcel Site Address: Snow Camp Rd Owner Information: Stout 2680 S. Mebane St, Apt 125 Burlington NC 27215-5999 A signed Return Receipt was received by GMA. No owner response.	Use of Well:
		Total Depth of Well:
		Casing Depth:
		Static Water Level:
		Well Yield:
		Pump Type:
		Date Drilled:
		Driller Name/Company:

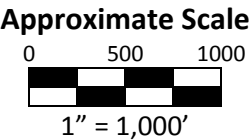


Legend	
16	Property With Confirmed Well (County or Owner Response) (50)
23	Developed Property – No Owner Response or County Record (18)
31	Undeveloped Property (21)
	1,500' Radius From Permit Boundary
	Permit Boundary
	Mining Limit
	Parcel Boundary

Well Survey Search Radius Map
Proposed Alamance Aggregates
Quarry

Snow Camp
Alamance County, North Carolina

Base Map Courtesy of Alamance County GIS



RCR Project No.: 18-M-14-02-R

Figure 1



Robert Christian Reinhardt, PG
Geology • Hydrogeology • Environmental Science
7620 Mine Valley Road, Raleigh, NC
27615rein82@bellsouth.net

Appendix B – Certified Mail Receipt for Items Sent by GMA

7015 3430 0001 1995 3913

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

SNOW CAMP, NC 27349

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

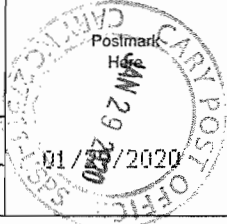
Sent To Carter, Bonnie S

Street and Apt. No., or PO Box No.
1902 Quackenbush Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



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☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

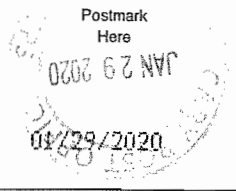
Sent To Crawford, Barry Lynn

Street and Apt. No., or PO Box No.
1918 Quackenbush Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



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SNOW CAMP, NC 27349

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

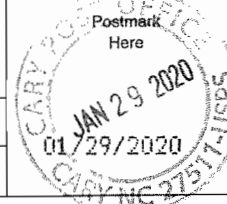
Sent To Ratcliffe Heather

Street and Apt. No., or PO Box No.
1722 Quackenbush Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

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SNOW CAMP, NC 27349

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

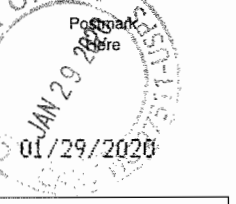
Sent To Stuart, Danny Ray

Street and Apt. No., or PO Box No.
1503 Quackenbush Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



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SNOW CAMP, NC 27349

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

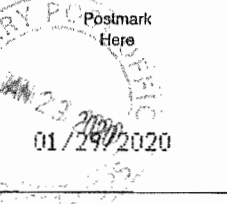
Sent To Lee, Brian J + Carrie T

Street and Apt. No., or PO Box No.
1932 Quackenbush Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7015 3430 0001 1995 3906

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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SNOW CAMP, NC 27349

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

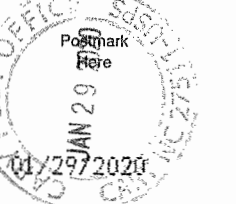
Sent To Ray, Wanda W

Street and Apt. No., or PO Box No.
1841 Quackenbush Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7015 3430 0001 1995 3883

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

SNOW CAMP, NC 27349

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

0504
03Postmark
Here

Postage \$0.55

Total Postage and Fees \$6.95

Sent To Poe William R + Donna L

Street and Apt. No., or PO Box No.

1907 Quackenbush Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 3883

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☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

0504
03Postmark
Here

Postage \$0.55

Total Postage and Fees \$6.95

Sent To Kornberg, Grant G + Holly C

Street and Apt. No., or PO Box No.

123 Clark Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 3791

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

SNOW CAMP, NC 27349

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

0504
03Postmark
Here

Postage \$0.55

Total Postage and Fees \$6.95

Sent To Stout Mary Allen Life Estate

Street and Apt. No., or PO Box No.

8767 Snow Camp Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 3876

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

SNOW CAMP, NC 27349

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

0504
03Postmark
Here

Postage \$0.55

Total Postage and Fees \$6.95

Sent To Poe William R + Donna L

Street and Apt. No., or PO Box No.

1907 Quackenbush Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 3852

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

SNOW CAMP, NC 27349

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

0504
03Postmark
Here

Postage \$0.55

Total Postage and Fees \$6.95

Sent To Kime, David + Lisa

Street and Apt. No., or PO Box No.

575 Clark Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 3807

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

SNOW CAMP, NC 27349

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.85

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

0504
03Postmark
Here

Postage \$0.55

Total Postage and Fees \$6.95

Sent To Braxton, Carol S

Street and Apt. No., or PO Box No.

PO Box 596, 8825 Snow Camp Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 3869

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
SNOW CAMP, NC 27349	
Certified Mail Fee \$3.55	0504 03
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$2.85	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	Postmark Here
Total Postage and Fees \$6.95	JAN 29 2020
Sent To Parker, Eddie Dean	
Street and Apt. No., or PO Box No. 732 Clark Rd	
City, State, ZIP+4® Snow Camp NC 27349	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3430 0001 1995 3777

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
SNOW CAMP, NC 27349	
Certified Mail Fee \$3.55	0504 03
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$2.85	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	Postmark Here
Total Postage and Fees \$6.95	JAN 29 2020
Sent To Sanders, Deborah Anne	
Street and Apt. No., or PO Box No. 8900 Snow Camp Rd	
City, State, ZIP+4® Snow Camp NC 27349	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3430 0001 1995 3784

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
SNOW CAMP, NC 27349	
Certified Mail Fee \$3.55	0504 03
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$2.85	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	Postmark Here
Total Postage and Fees \$6.95	JAN 29 2020
Sent To Stout, Mary Allen Life Estate	
Street and Apt. No., or PO Box No. 8767 Snow Camp Rd	
City, State, ZIP+4® Snow Camp NC 27349	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3430 0001 1995 3975

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
SNOW CAMP, NC 27349	
Certified Mail Fee \$3.55	0504 03
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$2.85	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	Postmark Here
Total Postage and Fees \$6.95	JAN 29 2020
Sent To Millikan, Lloyd Earl Jr & Barbara Faye	
Street and Apt. No., or PO Box No. 8638 Snow Camp Rd	
City, State, ZIP+4® Snow Camp NC 27349-9726	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3430 0001 1995 3821

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
YANCEYVILLE, NC 27379	
Certified Mail Fee \$3.55	0504 03
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$2.85	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	Postmark Here
Total Postage and Fees \$6.95	JAN 29 2020
Sent To Graves, Eula A 'Judj' Heirs	
Street and Apt. No., or PO Box No. 237 Graves Watlington Rd	
City, State, ZIP+4® Yanceyville NC 27379	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3430 0001 1995 3845

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
BURLINGTON, NC 27215	
Certified Mail Fee \$3.55	0504 03
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$2.85	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.55	Postmark Here
Total Postage and Fees \$6.95	JAN 29 2020
Sent To Woody Janet P Joanna P Isley	
Street and Apt. No., or PO Box No. 2415 Orice St	
City, State, ZIP+4® Burlington NC 27215	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3430 0001 1995 3999

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

GREENSBORO, NC 27408

Certified Mail Fee \$3.55
 \$2.85
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95
 \$

Sent To Brande Norma Jean Clark

Street and Apt. No., or PO Box No.

3012 Robinhood Dr

City, State, ZIP+4® Greensboro NC 27408

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

SNOW CAMP, NC 27349

Certified Mail Fee \$3.55
 \$2.85
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95
 \$

Sent To Sink, Bradley

Street and Apt. No., or PO Box No.

185 Workman Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 3814

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

GREENSBORO, NC 27406

Certified Mail Fee \$3.55
 \$2.85
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95
 \$

Sent To Graves, William J Jr

Street and Apt. No., or PO Box No.

2109 Yorkshire Drive

City, State, ZIP+4® Greensboro NC 27406

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 3951

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

SNOW CAMP, NC 27349

Certified Mail Fee \$3.55
 \$2.85
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95
 \$

Sent To Mcneese, James W + Kristina A

Street and Apt. No., or PO Box No.

330 Workman Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 4316

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

SNOW CAMP, NC 27349

Certified Mail Fee \$3.55
 \$2.85
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95
 \$

Sent To Prusik, Anthony K

Street and Apt. No., or PO Box No.

9312 Snow Camp Rd

City, State, ZIP+4® Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7015 3430 0001 1995 3975

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3975

7015 3430 0001 1995 3975

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Millikan, Lloyd Earl Jr & Barbara Fayne

Street and Apt. No., or PO Box No.

8638 Snow Camp Rd

City, State, ZIP+4®

Snow Camp NC 27349-9726

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

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:

Millikan Lloyd Earl Jr & Millikan Barbara
Fayne
8638 Snow Camp Road
Snow Camp, NC 27349-9726



9590 9402 1472 5329 5891 66

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Return Receipt for

Merchandise

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

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

Domestic Return Receipt

7015 3430 0001 1995 3968

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3968

7015 3430 0001 1995 3968

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

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Sink, Bradley
185 Workman Rd
City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

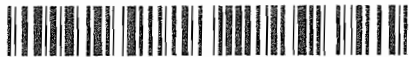
Postmark
Here

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:

Sink Bradley
185 Workman Road
Snow Camp, NC 27349



9590 9402 1472 5329 5891 73

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3951

PLACE STICKER ON TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD ALONG DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3951

7015 3430 0001 1995 3951

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ _____
- ☐ Return Receipt (electronic) \$ _____
- ☐ Certified Mail Restricted Delivery \$ _____
- ☐ Adult Signature Required \$ _____
- ☐ Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Sent To

Mcnees, James W + Kristina A

Street and Apt. No., or PO Box No.

330 Workman Rd

City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here**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:

Mcnees James W & Mcnees Kristina A
330 Workman Road
Snow Camp, NC 27349



9590 9402 1472 5329 5891 80

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3999

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3999

7015 3430 0001 1995 3999

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Brande Norma Jean Clark

Street and Apt. No., or PO Box No.

3012 Robinhood Dr

City, State, ZIP+4®

Greensboro NC 27408

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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:

Brande Norma Jean Clark
3012 Robinhood Dr
Greensboro, NC 27408



9590 9402 1472 5329 5891 59

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

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

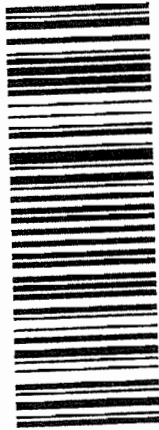
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7015 3430 0001 1995 3944

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3944

7015 3430 0001 1995 3944

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ _____
- ☐ Return Receipt (electronic) \$ _____
- ☐ Certified Mail Restricted Delivery \$ _____
- ☐ Adult Signature Required \$ _____
- ☐ Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Stuart, Danny Ray
1503 Quackenbush Rd
Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

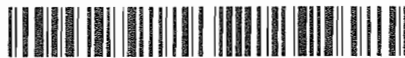
See Reverse for Instructions

Postmark
Here**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:

Stuart Danny Ray
1503 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5891 97

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3937

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3937

7015 3430 0001 1995 3937

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Ratcliffe, Heather

Street and Apt. No., or PO Box No.

1722 Quackenbush Rd

City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here**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:

Ratcliffe Heather
1722 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 03

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

Delivery

☐ Return Receipt for
Merchandise☐ Signature Confirmation™☐ Signature Confirmation
Restricted Delivery

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

Domestic Return Receipt

7015 3430 0001 1995 3920

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3920

7015 3430 0001 1995 3920

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Lee, Brian J + Carrie T

Street and Apt. No., or PO Box No.

1932 Quackenbush Rd

City, State, ZIP+4®

Snow Camp NC 27349

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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:

Lee Brian J & Carrie T
1732 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 10

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3913

PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3913

7015 3430 0001 1995 3913

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Carter, Bonnie S

Street and Apt. No., or PO Box No.

1902 Quackenbush Rd

City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here**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:

Carter Bonnie S
1902 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 27

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3890

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7015 3430 0001 1995 3890

7015 3430 0001 1995 3890

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Crawford, Barry Lynn

Street and Apt. No., or PO Box No.

1918 Quackenbush Rd

City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

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:

Crawford Barry Lynn
1918 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 41

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3906

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



7015 3430 0001 1995 3906
7015 3430 0001 1995 3906

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 \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<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 \$	
Total Postage and Fees \$	
Sent To <u>Ray Wanda W</u>	
Street and Apt. No., or PO Box No. <u>1841 Quackenbush Rd</u>	
City, State, ZIP+4® <u>Snow Camp NC 27349</u>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION
<ul style="list-style-type: none">■ 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: Ray Wanda W 1841 Quackenbush Rd Snow Camp, NC 27349-8701
 9590 9402 1472 5329 5892 34
2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY	
A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

7015 3430 0001 1995 3883

PLACE STICKER TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®

7015 3430 0001 1995 3883
7015 3430 0001 1995 3883U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Poe William R & Donna L

Street and Apt. No., or PO Box No.

1907 Quackenbush Rd

City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here**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:

Poe William R & Donna L
1907 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 58

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3876

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3876

7015 3430 0001 1995 3876

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Poe, William R & Donna L

Street and Apt. No., or PO Box No.

1907 Quackenbush Rd

City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here**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:

Poe William R & Donna L
1907 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 65

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3869

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3869

7015 3430 0001 1995 3869

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

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Parker, Eddie Dean

Street and Apt. No., or PO Box No.

732 Clark Rd

City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

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:

Parker Eddie Dean
732 Clark Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 72

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3852

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®

7015 3430 0001 1995 3852
7015 3430 0001 1995 3852U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Kime, David & Lisa

Street and Apt. No., or PO Box No.

575 Clark Rd

City, State, ZIP+4®

Snow Camp NC 27349

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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:

Kime David & Lisa
575 Clark Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 89

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3845

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®

7015 3430 0001 1995 3845
7015 3430 0001 1995 3845U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ _____
- ☐ Return Receipt (electronic) \$ _____
- ☐ Certified Mail Restricted Delivery \$ _____
- ☐ Adult Signature Required \$ _____
- ☐ Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Sent To

Woody Janet P Joanna P Isley

Street and Apt. No., or PO Box No.

2415 Orice St

City, State, ZIP+4® Burlington Nc 27215

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

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:

Woody Janet P Joanna P Isley
2415 Orice St
Burlington, NC 27215



9590 9402 1472 5329 5892 96

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3838



7015 3430 0001 1995 3838
7015 3430 0001 1995 3838

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

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ _____
- ☐ Return Receipt (electronic) \$ _____
- ☐ Certified Mail Restricted Delivery \$ _____
- ☐ Adult Signature Required \$ _____
- ☐ Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Kornberg, Grant C & Holly C

Street and Apt. No., or PO Box No.

123 Clark Rd

City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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:

Kornberg Grant C & Holly C
123 Clark Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5893 02

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3821

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3821

7015 3430 0001 1995 3821

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Graves, Eula A 'Judy' Heirs

Street and Apt. No., or PO Box No.

237 Graves Watlington Rd

City, State, ZIP+4® Yanceyville NC 27379

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here**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:

Graves Eula A 'Judy' Heirs
237 Graves Watlington Rd
Yanceyville, NC 27379



9590 9402 1472 5329 5889 47

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3814

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL



7015 3430 0001 1995 3814

7015 3430 0001 1995 3814

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

Postmark
Here

Postage \$
 Total Postage and Fees \$

Sent To Graves, William J Jr
 Street and Apt. No., or P.O. Box No. 2109 Yorkshire Drive
 City, State, ZIP+4® Greensboro NC 27406

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:
 Graves William J Jr
 2109 Yorkshire Drive
 Greensboro, NC 27406



9590 9402 1472 5329 5889 54

2. Article Number (Transfer from service label)

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
 If YES, enter delivery address below: ☐ No

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

7015 3430 0001 1995 3807

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®

7015 3430 0001 1995 3807
7015 3430 0001 1995 3807U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Braxton, Carol S
 Street and Apt. No., or PO Box No.
 PO Box 596, 8825 Snow Camp Rd
 City, State, ZIP+4®
 Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9053

Postmark
Here

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:

Braxton Carol S
 PO Box 596, 8825 Snow Camp Rd
 Snow Camp, NC 27349



9590 9402 1472 5329 5889 61

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3791

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7015 3430 0001 1995 3791

7015 3430 0001 1995 3791

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Stout Mary Allen Life Estate

8767 Snow Camp Rd

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here**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:

Stout Mary Allen Life Estate

C/O Gayle Stout Rayfield

8767 Snow Camp Rd

Snow Camp, NC 27349



9590 9402 1472 5329 5889 78

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

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

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

Domestic Return Receipt

7015 3430 0001 1995 3777

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7015 3430 0001 1995 3777

7015 3430 0001 1995 3777

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

03 SEP 2015 10 35

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Sanders, Deborah Anne

Street and Apt. No., or PO Box No.

8900 Snow Camp Rd

City, State, ZIP+4®

Snow Camp NC 27349

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here**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:

Sanders Deborah Anne
8900 Snow Camp Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5889 92

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

7015 3430 0001 1995 3784

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7015 3430 0001 1995 3784

7015 3430 0001 1995 3784

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail OnlyFor delivery information, visit our website at www.usps.com®.

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

8767 Snow Camp Rd
Snow Camp NC 27349

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here**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:

Stout Mary Allen Life Estate
C/O Gayle Stout Rayfield
8767 Snow Camp Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5889 85

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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

Domestic Return Receipt

Appendix C – Copies of Signed Receipts Received for Certified Mail



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:

Ratcliffe Heather
1722 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 03

2. Article Number (Transfer from service label)

115 3430 0001 1995 3937

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Heather Ratcliffe* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Heather Ratcliffe C. Date of Delivery *1-31-20*

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 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:

Brande Norma Jean Clark
3012 Robinhood Dr
Greensboro, NC 27408



9590 9402 1472 5329 5891 59

2. Article Number (Transfer from service label)

2015 3430 0001 1995 3999

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Norma Brande* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Norma Brande C. Date of Delivery *1/30/20*

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 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:

Kornberg Grant C & Holly C
123 Clark Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5893 02

2. Article Number (Transfer from service label)

15 3430 0001 1995 3838

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kornberg* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Kornberg C. Date of Delivery *1/31*

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 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:

Ray Wanda W
1841 Quackenbush Rd
Snow Camp, NC 27349-8701



9590 9402 1472 5329 5892 34

2. Article Number (Transfer from service label)

015 3430 0001 1995 3906

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Wanda Williams ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Wanda Williams 2-6-20

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
- ☐ 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:

Parker Eddie Dean
732 Clark Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 72

2. Article Number (Transfer from service label)

7015 3430 0001 1995 3869

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

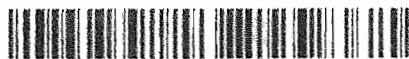
Domestic Return Receipt

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:

Millikan Lloyd Earl Jr & Millikan Barbara
Fayne
8638 Snow Camp Road
Snow Camp, NC 27349-9726



9590 9402 1472 5329 5891 66

2. Article Number (Transfer from service label)

7015 3430 0001 1995 3975

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Barbara Millikan ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Barbara Millikan 2/4/2020

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

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

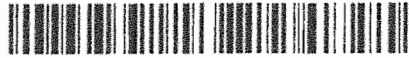
Domestic Return Receipt

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:

Lee Brian J & Carrie T
LEE
9448 NC HIGHWAY 49 S
LIBERTY NC 27298-9087



9590 9402 1472 5329 5892 10

2. Article Number (Transfer from service label)

7015 3430 0001 1995 3920

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Carnegie

C. Date of Delivery

2/7

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

3. Service Type

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

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:

Braxton Carol S
PO Box 596, 882 Snow Camp Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5889 61

2. Article Number (Transfer from service label)

5 3430 0001 1995 3807

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Carole S. Braxton

C. Date of Delivery

2/5/20

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

3. Service Type

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

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:

Sanders Deborah Anne
8900 Snow Camp Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5889 92

2. Article Number (Transfer from service label)

3430 0001 1995 3777

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Deborah P. Sanders

C. Date of Delivery

2/6/2020

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

3. Service Type

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

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:

Stout Mary Allen Life Estate

STOUT
680 S MEBANE ST APT 125
DURLINGTON NC 27215-5999



9590 9402 1472 5329 5889 85

2. Article Number (Transfer from service label)

7015 3430 0001 1995 3784

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mary Allen Stout

☐ Agent☒ Addressee

B. Received by (Printed Name)

Mary Allen Stout

C. Date of Delivery

2-7-20

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 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:

Stout Mary Allen Life Estate

C/O Gayle Stout Rayfield

8767 Snow Camp Rd

Snow Camp, NC 27349



9590 9402 1472 5329 5889 78

2. Article Number (Transfer from service label)

3430 0001 1995 3791

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X David Stuart

☐ Agent☐ Addressee

B. Received by (Printed Name)

DAVID STUART

C. Date of Delivery

2/10/2020

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 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:

Mcnees James W & Mcnees Kristina A

NOTIFY SENDER OF NEW ADDRESS

MCNEES

3815 BELL RD

BURTONSVILLE MD 20866-1003



9590 9402 1472 5329 5891 80

2. Article Number (Transfer from service label)

15 3430 0001 1995 3951

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X James W Mcnees

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 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:

Poe William R & Donna L
1907 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 65

2. Article Number (Transfer from service label)

115 3430 0001 1995 3876

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Donna Poe

C. Date of Delivery

2/4/2020

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

3. Service Type

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

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:

Poe William R & Donna L
1907 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 58

2. Article Number (Transfer from service label)

15 3430 0001 1995 3883

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Donna Poe

C. Date of Delivery

2/6/2020

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



3. Service Type

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

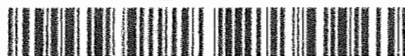
Domestic Return Receipt

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:

Kime David & Lisa
575 Clark Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 89

2. Article Number (Transfer from service label)

5 3430 0001 1995 3852

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

DAVID KIME

C. Date of Delivery

2/6/2020

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

3. Service Type

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

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:

Graves Eula A 'Judy' Heirs
237 Graves Watlington Rd
Yanceyville, NC 27379



9590 9402 1472 5329 5889 47

2. Article Number (Transfer from service label)

5 3430 0001 1995 3821

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

WILLIAM G. H.

C. Date of Delivery

1 Feb 20

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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:

Crawford Barry Lynn
1918 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 41

2. Article Number (Transfer from service label)

115 3430 0001 1995 3890

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☒ Addressee

B. Received by (Printed Name)

CRAWFORD B. LYNN

C. Date of Delivery

1-31-20

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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:

Carter Bonnie S
1902 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5892 27

2. Article Number (Transfer from service label)

015 3430 0001 1995 3913

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☒ Addressee

B. Received by (Printed Name)

BONNIE S. CARTER

C. Date of Delivery

1-31-20

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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:

Stuart Danny Ray
1503 Quackenbush Rd
Snow Camp, NC 27349



9590 9402 1472 5329 5891 97

2. Article Number (Transfer from service label)

7015 3430 0001 1995 3944

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Deborah Stuart* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-6-20

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

*Deborah
Stuart*

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 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:

Woody Janet P Joanna P Isley
2415 Orice St
Burlington, NC 27215



9590 9402 1472 5329 5892 96

2. Article Number (Transfer from service label)

7015 3430 0001 1995 3845

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Janet P. Woody* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt



Groundwater Management Associates, Inc

2205 Candun Drive, Suite A
Apex, NC 27523

unc

1st NOTICE 5A 1-31
2nd NOTICE 2/5
RETURNED 2/13

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF RETURN ADDRESS TO GET A POSTAGE LABEL
CERTIFIED MAIL

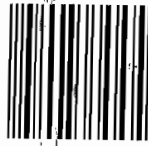


7015 3430 0001 1995 3968

Sink Bradley
185 Workman Road
Snow Camp, NC 27349



1000



27349

U.S. POST
FIRST CLASS
LETTER
27511
JAN 29 2000
AMOUNT
\$6.
R2305P150

274 CE 1

NIXIE

0202/18/20

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

RETR

9400221080000430

The Groundwater Experts

UNC REC: 27523641073 *0680-04621-29-43

27523641073

Appendix D – Completed Survey Forms Received from Property Owners

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Brande Norma Jean Clark 3012 Robinhood Dr Greensboro, NC 27408
Parcel Site Address:	Roselle Road
Parcel ID:	171482
Old Tax ID:	8-25-101
MAP ID #:	28

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes ☒ No ☐

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available ☒ *do not know - inactive*

Well Number:	1		Well Number:	2
Circle the use of the well:	Drinking Water		Circle the use of the well:	Drinking Water
	Irrigation			Irrigation
Total Depth of Well (in feet below land surface):			Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):			Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):			Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):			Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):			Pump Type/Depth (submersible, jet, etc):	
Date Drilled:			Date Drilled:	
Driller Name/Company:			Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Stuart Danny Ray 1503 Quackenbush Rd Snow Camp, NC 27349
Parcel Site Address:	1503 Quackenbush Rd
Parcel ID:	102733
Old Tax ID:	8-25-22
MAP ID #:	30

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes ☒ No ☐

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available _____

Well Number:	1	Well Number:	2
Circle the use of the well:	Drinking Water	Circle the use of the well:	Drinking Water
	Irrigation		Irrigation
Total Depth of Well (in feet below land surface):	90 ft.	Total Depth of Well (in feet below land surface):	50 ft.
Casing Depth (in feet below land surface):	Do not know	Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):	70 ft.	Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):	10 gallons	Well Yield (in gallons per minute):	2 gallons
Pump Type/Depth (submersible, jet, etc):	Submersible	Pump Type/Depth (submersible, jet, etc):	
Date Drilled:	1991	Date Drilled:	1950
Driller Name/Company:	Maness & Son	Driller Name/Company:	Hand dug

Silercity
N.C.

used for animals

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Lee Brian J & Carrie T Alicia White (new owner) 1732 Quackenbush Rd Snow Camp, NC 27349
Parcel Site Address:	1732 Quackenbush Rd
Parcel ID:	102769
Old Tax ID:	8-25-72
MAP ID #:	36

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes ✓ No

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available ✓

Well Number:	1	Well Number:	2
Circle the use of the well:	Drinking Water Irrigation	Circle the use of the well:	Drinking Water Irrigation
Total Depth of Well (in feet below land surface):		Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):		Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):		Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):		Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):		Pump Type/Depth (submersible, jet, etc):	
Date Drilled:		Date Drilled:	
Driller Name/Company:		Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Carter Bonnie S 1902 Quackenbush Rd Snow Camp, NC 27349
Parcel Site Address:	1902 Quackenbush Rd
Parcel ID:	102791
Old Tax ID:	8-25-29
MAP ID #:	38

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes ☒ No ☐

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available 1

Well Number:	1	Well Number:	2
Circle the use of the well:	Drinking Water Irrigation	Circle the use of the well:	Drinking Water Irrigation
Total Depth of Well (in feet below land surface):	200'	Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):	?	Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):	?	Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):	?	Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):	submersible	Pump Type/Depth (submersible, jet, etc):	
Date Drilled:	1986 & 1987	Date Drilled:	
Driller Name/Company:	?	Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Ray Wanda W 1841 Quackenbush Rd Snow Camp, NC 27349-8701
Parcel Site Address:	1841 Quackenbush Rd
Parcel ID:	102770
Old Tax ID:	8-25-28
MAP ID #:	45

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes _____ **No** _____

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available _____

Well Number:	1	Well Number:	2
Circle the use of the well:	<u>Drinking Water</u> Irrigation	Circle the use of the well:	Drinking Water Irrigation
Total Depth of Well (in feet below land surface):	180 ft	Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):	21 ft	Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):	n/a	Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):	n/a	Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):	Submersible	Pump Type/Depth (submersible, jet, etc):	
Date Drilled:	10-23-1988	Date Drilled:	
Driller Name/Company:	Martens & Sons Inc	Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Poe William R & Donna L 1907 Quackenbush Rd Snow Camp, NC 27349
Parcel Site Address:	Whitehouse Ct
Parcel ID:	102789
Old Tax ID:	8-25-81
MAP ID #:	49

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes _____

No ☒

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available _____

Well Number:	1		Well Number:	2
Circle the use of the well:	Drinking Water		Circle the use of the well:	Drinking Water
	Irrigation			Irrigation
Total Depth of Well (in feet below land surface):			Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):			Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):			Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):			Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):			Pump Type/Depth (submersible, jet, etc):	
Date Drilled:			Date Drilled:	
Driller Name/Company:			Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Poe William R & Donna L 1907 Quackenbush Rd Snow Camp, NC 27349
Parcel Site Address:	1907 Quackenbush Rd
Parcel ID:	102790
Old Tax ID:	8-25-20
MAP ID #:	47

*Multiple House of - VISITORS
See Below*

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes _____ **No** _____

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available ~~_____~~

Well Number:	1		Well Number:	2
Circle the use of the well:	Drinking Water		Circle the use of the well:	Drinking Water
	Irrigation			Irrigation
Total Depth of Well (in feet below land surface):			Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):			Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):			Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):			Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):			Pump Type/Depth (submersible, jet, etc):	
Date Drilled:			Date Drilled:	
Driller Name/Company:			Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Kime David & Lisa 575 Clark Rd Snow Camp, NC 27349
Parcel Site Address:	575 Clark Rd
Parcel ID:	102597
Old Tax ID:	8-26-51
MAP ID #:	67

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes X No _____

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available X

Well Number:	1	Well Number:	2
Circle the use of the well:	Drinking Water Irrigation	Circle the use of the well:	Drinking Water Irrigation
Total Depth of Well (in feet below land surface):		Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):		Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):		Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):		Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):		Pump Type/Depth (submersible, jet, etc):	
Date Drilled:		Date Drilled:	
Driller Name/Company:		Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.



2205-A Candun Drive
Apex, NC 27523
Telephone 919-363-6310
www.gma-nc.com

January 29, 2020

Woody Janet P Joanna P Isley
2415 Orice St
Burlington, NC 27215

Ms Woody
& Ms Isley
no longer owners
of property

RE: Residential Water-Supply Well Survey for the Proposed Snow Camp Mine

Dear Ms. Woody and Ms. Isley:

Alamance Aggregates has applied for a permit to operate a mine in southern Alamance County. Your property is located near the site and potentially within what is called the "zone of influence" for groundwater in the area. Alamance Aggregates previously reached out to neighbors for whom we did not find current well data in the Alamance County Health Department. Your property is among those whose data is not in county records. Because you did not respond to the previous well survey, you are being contacted again for information regarding your well or wells.

The attached form identifies the information we are seeking. Please complete the form and mail it to Groundwater Management Associates, Inc. by February 17, 2020.

Thank you in advance for your assistance.

Sincerely,

Groundwater Management Associates, Inc.

William L. Lyke

William L. Lyke, P.E., P.G.
Senior Hydrogeologist/Civil Engineer

check with
tax office in
Alamance County
thx

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Woody Janet P Joanna P Isley 2415 Orice St Burlington, NC 27215
Parcel Site Address:	9312 Snow Camp Rd
Parcel ID:	102578
Old Tax ID:	8-26-19
MAP ID #:	71

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes _____ **No** _____

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available _____

Well Number:	1		Well Number:	2
Circle the use of the well:	Drinking Water		Circle the use of the well:	Drinking Water
	Irrigation			Irrigation
Total Depth of Well (in feet below land surface):			Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):			Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):			Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):			Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):			Pump Type/Depth (submersible, jet, etc):	
Date Drilled:			Date Drilled:	
Driller Name/Company:			Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

SEE ATTACHMENT

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Kornberg Grant C & Holly C 123 Clark Rd Snow Camp, NC 27349
Parcel Site Address:	123 Clark Rd
Parcel ID:	102670
Old Tax ID:	8-26-55
MAP ID #:	74

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes X No _____

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available _____

Well Number:	1	Well Number:	2
Circle the use of the well:	Drinking Water Irrigation	Circle the use of the well:	Drinking Water Irrigation
Total Depth of Well (in feet below land surface):	160	Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):	45	Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):	25	Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):	8	Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):	SUBMERSIBLE	Pump Type/Depth (submersible, jet, etc):	
Date Drilled:	6/28/85	Date Drilled:	
Driller Name/Company:	NOT SPECIFIED	Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

DATE COMPLETED: 6-28-19 REGISTRATION # 58 DEPTH: 20 FT.
CASING DEPTH: 45 FT. DIAMETER: 6 IN.
SCREEN INTERVAL: _____ TO _____
GRAVEL INTERVAL: _____ TO _____
STATIC WATER LEVEL: 25 DATE: _____
YIELD _____ GPM OR SPECIFIC CAPACITY _____ GPM/FT.DD

MAPID 74

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Graves Eula A 'Judy' Heirs 237 Graves Watlington Rd Yanceyville, NC 27379
Parcel Site Address:	8950 Snow Camp Rd
Parcel ID:	102674
Old Tax ID:	8-25-34
MAP ID #:	77

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes ☒ No ☐

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available _____

Well Number:	1		Well Number:	2
Circle the use of the well:	Drinking Water Irrigation		Circle the use of the well:	Drinking Water Irrigation
Total Depth of Well (in feet below land surface):			Total Depth of Well (in feet below land surface):	20 Ft 145 Ft
Casing Depth (in feet below land surface):			Casing Depth (in feet below land surface):	20 Ft
Static Water Level (in feet below top of casing):			Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):			Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):			Pump Type/Depth (submersible, jet, etc):	
Date Drilled:			Date Drilled:	
Driller Name/Company:			Driller Name/Company:	Brown Brothers Drilling

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020. Thank you again for your assistance.

Registration No 652

RESIDENTIAL WATER-SUPPLY WELL SURVEY: PROPOSED SNOW CAMP MINE

Owner Information:	Sanders Deborah Anne 8900 Snow Camp Rd Snow Camp, NC 27349
Parcel Site Address:	Snow Camp Rd
Parcel ID:	102678 <i>this is for 8822 Snow Camp Rd -</i>
Old Tax ID:	8-25-15a
MAP ID #:	86

Please answer the following questions and provide the requested information for the property listed above.

Do you have a residential water-supply well, active or inactive, on your property? If yes, please indicate so below, complete the table below for each well, and return this form. If you do not have any water-supply well(s) on your property, please indicate so below and return this form.

Yes ✓ No

For each well (the table below will accommodate two wells), please complete the following information. This information was provided by the drilling company when the well was installed, and it should be printed on a thin metal plate that is attached to the top of the well. If you have no information, please indicate so here and return this form.

No Information Available

This is for parcel 102675
↓

Well Number:	1	Well Number:	2
Circle the use of the well:	<u>Drinking Water</u> Irrigation	Circle the use of the well:	Drinking Water Irrigation
Total Depth of Well (in feet below land surface):	190'	Total Depth of Well (in feet below land surface):	
Casing Depth (in feet below land surface):	unknown	Casing Depth (in feet below land surface):	
Static Water Level (in feet below top of casing):	unknown	Static Water Level (in feet below top of casing):	
Well Yield (in gallons per minute):	10	Well Yield (in gallons per minute):	
Pump Type/Depth (submersible, jet, etc):	190'	Pump Type/Depth (submersible, jet, etc):	
Date Drilled:	3/31/17	Date Drilled:	
Driller Name/Company:	Eddies Pump & Well Service	Driller Name/Company:	

Please return this page to GMA using the enclosed stamped, self-addressed envelope by February 17, 2020.

Thank you again for your assistance.

*Also own 8822 Snow Camp Road and did not receive a letter for that residence.
I was told at Alamance Co. Environmental Health that prior to 1990, they have no records of wells unless there was some sort of damage or new wells put in.*