

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pike Industries, Inc.  
3 Eastgate Park Drive  
Belmont, NH 03220

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7012 1010 0001 7358 1892  
(Transfer from) Domestic Return Receipt

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1. Article Addressed to:

Brox Trustee, Stephen M.  
Stephen M. Brox Rev. Indenture  
1471 Methuen Street  
Dracut, MA 01826

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4. Restricted Delivery? (Extra Fee)  Yes

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2. Article Number 7013 2250 0001 0884 8702  
(Transfer from) Domestic Return Receipt

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1. Article Addressed to:

Kenneth & Cheryl Ellis  
9 Weston Road  
Belmont, NH 03220

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2. Article Number 7012 1010 0001 7358 1915  
(Transfer from) Domestic Return Receipt



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1. Article Addressed to:

Belmont Land Use Office  
 Planning Board  
 143 Main Street - PO Box 310  
 Belmont, NH 03220

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- A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
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 If YES, enter delivery address below:  No

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 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7013 2250 0001 0884 8572  
 (Transfer from service label)  
 PS Form 3811, July 2013 Domestic Return Receipt

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Pike Industries, Inc.  
 3 Eastgate Park Drive  
 Belmont, NH 03220

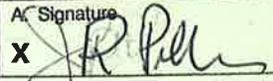
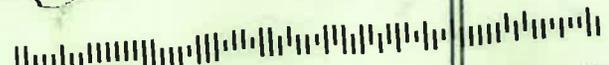
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 B. Received by (Printed Name)  Addressee  
 C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

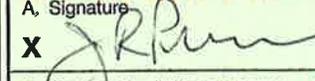
3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7013 2250 0001 0884 8596  
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 PS Form 3811, July 2013 Domestic Return Receipt

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
	B. Received by (Printed Name) JAMES R. PRESHER	C. Date of Delivery 2/13/15
1. Article Addressed to:   William Herman Concord Regional Solid Waste / Resource Recovery Cooperative PO Box 157 Franklin, NH 03235	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service) 7012 1010 0001 7358 1922		
PS Form 3811, July 2013 Domestic Return Receipt		



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	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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