

No. 643

PETITIONER:

ABANDON SECTION OF ROAD
SEC 19, T1500TH, RANGE 3 EAST

Petition filed JULY 5 1968

Viewers appointed JUNE 18 1968

Report filed 191

Date of hearing JUNE 30 1968

Report approved 191

Order of survey 191

Surveyed 191

Field Book No. Page

Recorded in Roadbook JULY 5 1968

Declared County Road 191

Approved: Chairman

See Book 36 Commissioners' Proceedings,

pages 589-587

County Clerk

PETITION TO ABANDON ROAD

To the Honorable Board of
County Commissioners
Gallatin County, Montana

Gentlemen:

We, the undersigned Freeholders of Gallatin County, Montana, taxable therein for road purposes, do hereby petition your Honorable Body to abandon as a public highway a portion of the old Holland Road Number 113 in Section 13, Township One South, Range Three East and being more particularly described as follows, and shown in red on the attached plat:

Beginning thirty feet East of the West Quarter Corner of Section 13, Township One South, Range Three East; thence South 88 degrees and 20 minutes East 120 feet more or less to where it intersects the Manhattan-Pine Butte Road, Route Number 288.

Total Distance: Approx. 120 feet.

NAMES OF PETITIONERS

DESCRIPTION OF LAND OWNED BY PETITIONERS

<u>Jennie</u> <u>John Schaper</u> ✓	<u>2TA in SW 13 15 3E - 33</u>
<u>Ray A. Schaper</u> ✓	<u>Sec ⁽²¹⁾ 14 15 3E -</u>
<u>Leonard Dyk</u> ✓	<u>Sec 13 1N - 3E</u>
<u>Sam T. Fineman</u> ✓	<u>Sec 13 1N 3E</u>
<u>Harold Vander Zanden</u> ✓	<u>Sec 13 1S 3E</u>
<u>John Dyksterhouse</u>	
<u>James De Jong</u> ✓	<u>Sec 13 tract 32</u>
<u>Al Dyksterhouse</u> ✓	<u>Churchill Sub-division tract 1</u>
<u>Nail Laekemo</u> ✓	<u>Churchill Garage & Imp</u>
<u>Andrew Pedenburg</u> ✓	<u>Churchill Sub-Division</u>
<u>John Karp</u> ✓	<u>Churchill Sub</u>
<u>Herman A. Van Dyken</u> ✓	<u>Sec 13 1S 3E</u>

AMSTERDAM

TO MANHATTAN

TOWNSHIP 1 SOUTH
RANGE 3 EAST



14

13

N 0° 48' E

OIL ROAD

WEST CHURCH HILL ADDITION

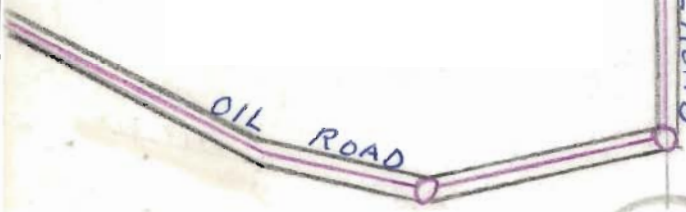
PORTION TO BE
ABANDON

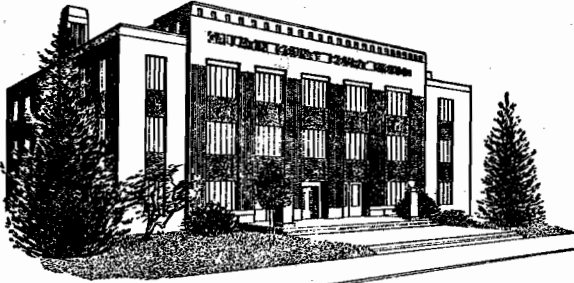
CHURCH HILL

N 88° 20' W OIL ROAD

OIL ROAD

30' R/W






State of Montana
COUNTY OF GALLATIN
◆
Bozeman

June 20, 1968

Viewer's Report

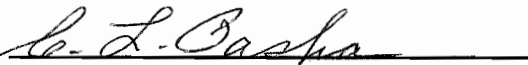
I, Earl R. Best, and County Commissioner, Clifford L. Pasha, acting as a board of viewer's, do hereby make the following recommendations to Petition #643 that a portion of the Old Holland Road Number 113 in Section 13, Township one (1) South, Range three (3) East, and described as follows:

Beginning thirty (30) feet East of the West one-quarter ($W\frac{1}{4}$) Corner of said Section Thirteen (13), thence South $88^{\circ}20'$ East, a distance of 120 feet, more or less to where it intersects the right of way of the Manhattan-Pine Butte Road Number 288, and do hereby recommend that this portion be closed for Roadway purposes.

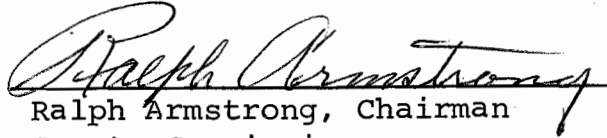


Earl R. Best
Surveyor

The Board of Commissioners agree with the above Viewer's Report and the road is considered abandoned.



C. L. Pasha
County Commissioner



Ralph Armstrong, Chairman
County Commissioners

Peter Schaper
Ray D. Ecton
Leonard Dyk
Sam T. Sinnema
Harold VanderMolen
Jake Dyksterhouse

James DeJong
Al Dyksterhouse
Dave Hoekema
Andrew Oldenburger
John Karp
Herman R. VanDyken

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Mrs Janice Bech Billie</i>		POSTMARK OR DATE
STREET AND NO. <i>Box 1231</i>		
P. O., STATE, AND ZIP CODE <i>Crow Agency Mont</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Elmer Schyle</i>		POSTMARK OR DATE
STREET AND NO. <i>Box 4</i>		
P. O., STATE, AND ZIP CODE <i>West Yellowstone</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Arthur & Va J. Spaggs</i>		POSTMARK OR DATE
STREET AND NO. <i>721 Central Ave</i>		
P. O., STATE, AND ZIP CODE <i>Missoula, Montana</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Herman R. Vandusen</i>		POSTMARK OR DATE
STREET AND NO. <i>R.F.D.</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>John Karp</i>		POSTMARK OR DATE
STREET AND NO. <i>R.F.D.</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Andrew Aldenburger</i>		POSTMARK OR DATE
STREET AND NO. <i>R.F.D.</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Dave Harkness</i>		POSTMARK OR DATE
STREET AND NO. <i>R.F.D.</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Jane De Jong</i>		POSTMARK OR DATE
STREET AND NO. <i>R.F.D.</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>A. Dybsalowski</i>		POSTMARK OR DATE
STREET AND NO. <i>R.F.D.</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)

No. 487363

No. 487367

No. 487449

No. 488362

No. 488363

No. 488364

488365

488366

488367

10/7/69

No. 488368

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Jake Dysterhouse</i>		POSTMARK OR DATE
STREET AND NO. <i>RFD</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont</i>		
EXTRA SERVICES FOR ADDITIONAL FEES Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee Deliver to Addressee Only <input type="checkbox"/> 50¢ fee		

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)

No. 488369

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Harold Vander Molen</i>		POSTMARK OR DATE
STREET AND NO. <i>RFD</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Montana</i>		
EXTRA SERVICES FOR ADDITIONAL FEES Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee Deliver to Addressee Only <input type="checkbox"/> 50¢ fee		

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)

No. 488370

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Sam T Linnema</i>		POSTMARK OR DATE
STREET AND NO. <i>RFD</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont</i>		
EXTRA SERVICES FOR ADDITIONAL FEES Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee Deliver to Addressee Only <input type="checkbox"/> 50¢ fee		

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)

No. 488372

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Leonard Dyk</i>		POSTMARK OR DATE
STREET AND NO.		
P. O., STATE, AND ZIP CODE		
EXTRA SERVICES FOR ADDITIONAL FEES Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee Deliver to Addressee Only <input type="checkbox"/> 50¢ fee		

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)

No. 488373

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Ray D Ector</i>		POSTMARK OR DATE
STREET AND NO. <i>RFD</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee Deliver to Addressee Only <input type="checkbox"/> 50¢ fee		

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)

No. 488374

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Peter Schaper</i>		POSTMARK OR DATE
STREET AND NO. <i>RFD</i>		
P. O., STATE, AND ZIP CODE <i>Manhattan, Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee Deliver to Addressee Only <input type="checkbox"/> 50¢ fee		

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Rodney T & Karen D Hansen</i>		POSTMARK OR DATE
STREET AND NO. <i>1004 E Babcock</i>		
P. O., STATE, AND ZIP CODE <i>Bozeman</i>		
EXTRA SERVICES FOR ADDITIONAL FEES Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee Deliver to Addressee Only <input type="checkbox"/> 50¢ fee		

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)

No. 487447

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Edna Tracy White</i>		POSTMARK OR DATE
STREET AND NO. <i>Hillcrest Home</i>		
P. O., STATE, AND ZIP CODE <i>Bozeman</i>		
EXTRA SERVICES FOR ADDITIONAL FEES Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee Deliver to Addressee Only <input type="checkbox"/> 50¢ fee		

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)

No. 487448

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Bert Griffin</i>		POSTMARK OR DATE
STREET AND NO. <i>328 S. TRACY</i>		
P. O., STATE, AND ZIP CODE <i>CITY</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)		

No. 487361

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Myron Huntsman</i>		POSTMARK OR DATE
STREET AND NO. <i>303 E. Olive</i>		
P. O., STATE, AND ZIP CODE <i>City</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)		

No. 487354

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Chas. Breiden</i>		POSTMARK OR DATE
STREET AND NO. <i>736 25 Ave N.E.</i>		
P. O., STATE, AND ZIP CODE <i>Great Falls</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)		

No. 487355

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Clf Fulber</i>		POSTMARK OR DATE
STREET AND NO. <i>Rt # 2</i>		
P. O., STATE, AND ZIP CODE <i>Bozeman, Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)		

No. 487356

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Douglas Rutledge</i>		POSTMARK OR DATE
STREET AND NO. <i>Logan</i>		
P. O., STATE, AND ZIP CODE <i>Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)		

No. 487357

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Geo. English</i>		POSTMARK OR DATE
STREET AND NO. <i>519 W Wendenhall</i>		
P. O., STATE, AND ZIP CODE <i>City</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)		

No. 487358

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Stella Lucee</i>		POSTMARK OR DATE
STREET AND NO. <i>Manhattan</i>		
P. O., STATE, AND ZIP CODE <i>Mont.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)		

No. 487359

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Harold Wade</i>		POSTMARK OR DATE
STREET AND NO. <i>Rt 2 Box 446</i>		
P. O., STATE, AND ZIP CODE <i>Apache Junction Ariz.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side)		

No. 487360

INSTRUCTIONS TO DELIVERING EMPLOYEE
 Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. _____ SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*
 CERTIFIED NO. 487359 ① Mrs Hattie Lucas
 INSURED NO. _____ ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
 DATE DELIVERED 7-25-69 ③ SHOW WHERE DELIVERED *(only if requested)*

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE
 Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. _____ SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*
 CERTIFIED NO. 487357 ① Douglas J. Mitchell
 INSURED NO. _____ ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY Butler
 DATE DELIVERED 7/24/69 ③ SHOW WHERE DELIVERED *(only if requested)* Loyan, Mont.

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE
 Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. _____ SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*
 CERTIFIED NO. 487353 ① Frank G. Wyatt
 INSURED NO. _____ ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
 DATE DELIVERED _____ ③ SHOW WHERE DELIVERED *(only if requested)*

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE
 Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. _____ SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*
 CERTIFIED NO. 487361 ① E. B. Gysin
 INSURED NO. _____ ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
 DATE DELIVERED 7-26-69 ③ SHOW WHERE DELIVERED *(only if requested)*

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE
 Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. _____ SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*
 CERTIFIED NO. 487355 ① Mrs. L. B. Beecher
 INSURED NO. _____ ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
 DATE DELIVERED 7/25/69 ③ SHOW WHERE DELIVERED *(only if requested)*

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE
 Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. _____ SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*
 CERTIFIED NO. 487360 ① Evelyn D. Clark
 INSURED NO. _____ ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
 DATE DELIVERED 7-28-69 ③ SHOW WHERE DELIVERED *(only if requested)*

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE
 Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO. _____ SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*
 CERTIFIED NO. 487363 ① James Beck Bell
 INSURED NO. _____ ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
 DATE DELIVERED JUL 28 1969 ③ SHOW WHERE DELIVERED *(only if requested)*

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 487448	
INSURED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED 7-31-69 Schopp	
	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488363	
INSURED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 487449	
INSURED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED AUG 11 1969	
	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488364	
INSURED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 487447	
INSURED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED 7-31-69 Schopp	
	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488362	
INSURED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	
	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488365	
INSURED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488366		
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		
	3	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488367		
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		
	3	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

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(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488368		
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		
	3	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488369		
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		
	3	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

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(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488370		
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		
	3	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 488372		
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		
	3	SHOW WHERE DELIVERED (only if requested)

c55-16-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>
CERTIFIED NO. 488373		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.	2	
DATE DELIVERED	3	SHOW WHERE DELIVERED <i>(only if requested)</i>

c55-18-71548-10 GPO

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>
CERTIFIED NO. 488374		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.	2	
DATE DELIVERED	3	SHOW WHERE DELIVERED <i>(only if requested)</i>

c55-18-71548-10 GPO