

Road Petition 688

STAFFANSON Sub-DW.

Denied 6/8/78

Comm Book 39

Page 293

PETITION TO ABANDON ROAD

To the Honorable Board of
County Commissioners
Gallatin County, Montana

Gentleman:

We the undersigned Freeholders of Gallatin County, Montana, taxable therein for road purposes, do hereby petition your Honorable Body to close a portion of road in Staffanson Sub-Division No.1 in SE 1/4 of Section 16, Township 2 South, Range 5 East as follows, and shown in red on the attached plat.

A portion of road 60' feet wide beginning at the Southwest corner of lot 24 in Staffanson Sub-Division No. one; thence North for 1200 feet to the Northwest corner of Lot 2 in Staffanson Sub-Division No one.

Total distance 1200 feet.

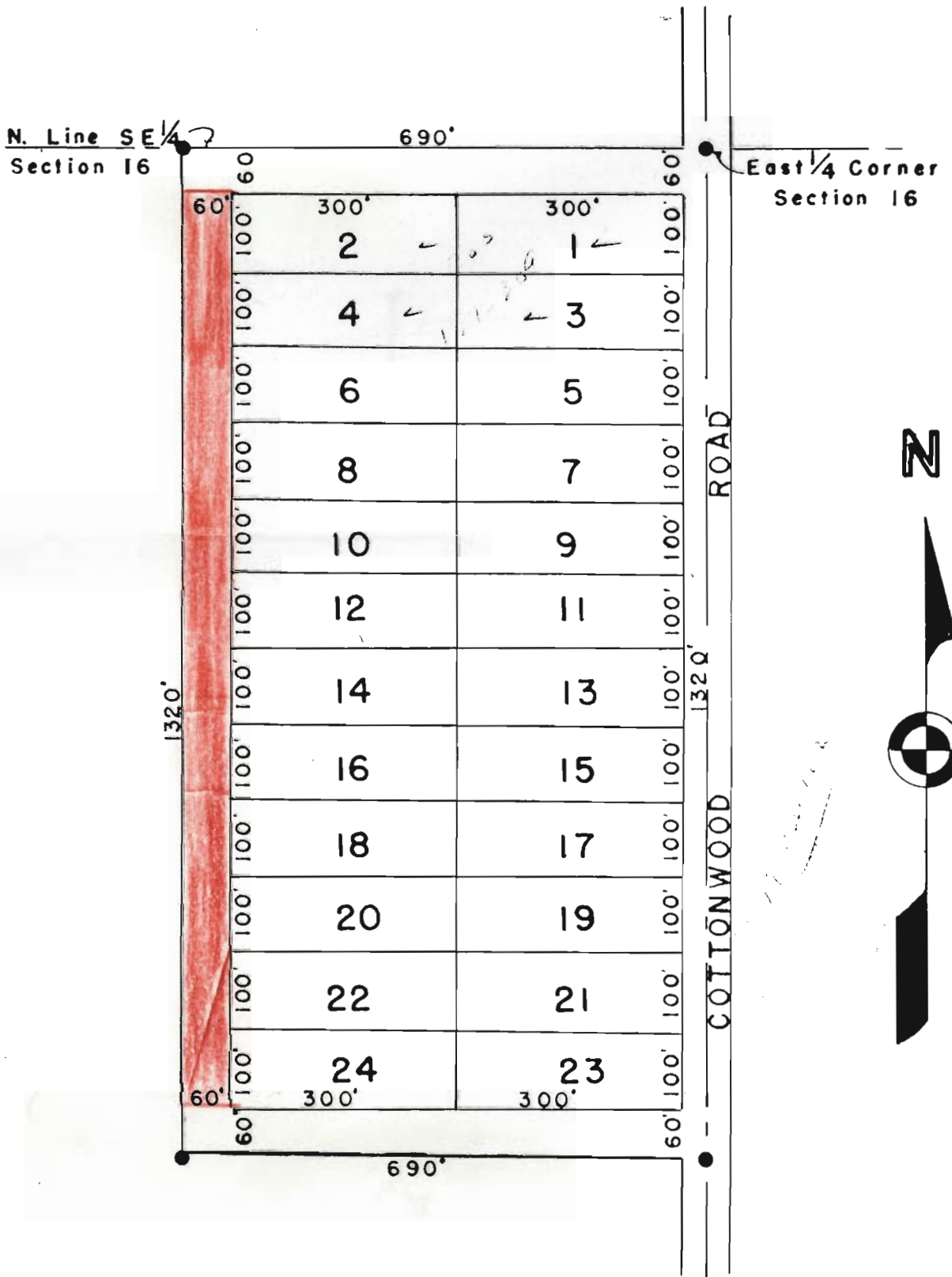
NAMES OF PETITIONERS

DESCRIPTION OF LAND
OWNED BY PETITIONERS

✓ John Staffanson	Lot G" Staffanson Sub # 2 AND TRACT "A" of Survey # 523 of 4 APRIL 1978
✓ John Staffanson	Lot E & F SUB # 2 & TRACT B of Survey # 523 of APR. 4, '78
✓ Donald W. Townsend	Lot 10 Aspen Basin
✓ Douglas J Vial	Lot B Staffanson sub. 2
✓ Ala M. Mason	Kornes Court Rt. 1, Box 15, Bozeman
✓ Wm. J. Luffke	Rt #1, Bozeman mt.
Robert W. Gibson	A to H Middle Creek Meadows
Willie Bonner	Box 50 Saint Bozeman mt
✓ Robert A. Cloward	P.O. 222 Belgrade, mt.
Arny J. Callantore	Box 623 Belgrade, mt
John D. Taggart	611 S. 14th Av. Bozeman, mt.
✓ Betty J. Taggart	611 S. 14th Av. Bozeman, mt.
Herold J. Baker	Rt 4 Box 770 Bozeman
✓ Carl Wright	Lot "D" - 514 MARSHALL Bozeman
✓ Thomas A. Flake	Lot A - 421 Yarrow Bozeman
✓ Dale Thompson	SEE ³ TINKRIE Box 385. Three Forks

STAFFANSON

A 1



CERTIFICATE OF THE COUNTY CLERK AND RECORDER

Relating to

QUALIFICATIONS OF THE SIGNERS

A portion of road 60 feet wide beginning at the Southwest corner of Lot 24 in Staffanson Subdivision No. 1, thence North for 1200 feet to the Northwest corner of Lot 2 in Staffanson Subdivision No. 1, in the SE $\frac{1}{4}$ of Section 16, T1SR5E.

STATE OF MONTANA

ss.

County of Gallatin

I, Carl L. Stucky, do hereby certify that I am the duly elected, qualified and acting County Clerk and Recorder for Gallatin County, State of Montana; that I have examined the petition to which this certificate is attached; and that those persons who have a ✓ mark before their names are property owners within Gallatin County.

IN WITNESS WHEREOF I have hereunto subscribed my name and affixed the seal of my office at Bozeman, the County Seat of Gallatin County, Montana, this 17 day
May, A.D., 1978.

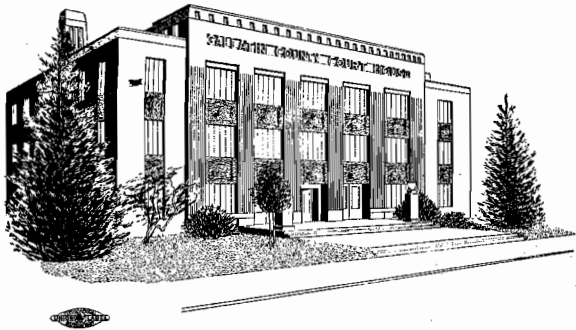


CARL L. STUCKY

Carl L. Stucky, County Clerk & Recorder for Gallatin County, State of Montana.

By:

Lucille A. Bridges
Deputy




State of Montana
COUNTY OF GALLATIN

Bozeman

May 26, 1978

REVIEWER COMMITTEE COMMENTS
PETITION NO. 688

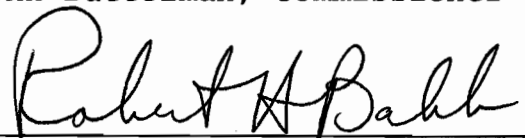
It is the recommendation of this committee that the 60' road easement on the west side of the Staffanson Subdivision adjacent to the even numbered lots 2-24 in the Staffanson Subdivision be retained by the County for road purposes. If this road were abandoned there would be no legal access to the even numbered lots 4 to 22.



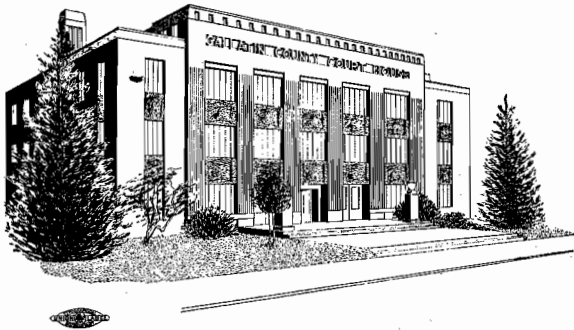
George Sager, Commissioner



John Buttelman, Commissioner



Robert H. Babb, P.E. County Surv.



State of Montana
COUNTY OF GALLATIN

Bozeman

May 26, 1978

NOTICE TO PETITIONERS & ADJOINING LANDOWNERS

This is to notify you that the Board of County Commissioners have accepted the report of the Board of Viewers. This petition is for the abandonment of a road in Staffanson Subdivision and being more particularly described as follows:

A portion of road 60 feet wide beginning at the Southwest corner of Lot 24 in Staffanson Subdivision No. 1, thence North for 1200 feet to the Northwest corner of Lot 2 in Staffanson Subdivision No. 1, in the SE 1/4 of Section 16, T1S, R5E.

A hearing on the above matter has been set by the Board of County Commissioners for Wednesday the 7th day of June, A.D., 1978 at 11:00 A.M., in the Commissioner's office in Bozeman, Montana at which time the Commissioners will make final determination of the merits of said matter and at which time all persons, interested may make objections or offer suggestions relative to the proposals in the road petition.

Unless a landowner or taxpayer wants to protest this petition you are not required to attend.

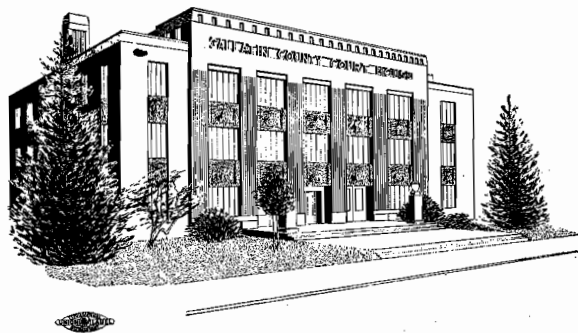
Attached is a copy of the Board of Viewers report and recommendation.

Dated this 26 day of May, A.D., 1978 at Bozeman, Montana.

Sincerely,

Gale Thompson
Road Office Supervisor

GT:hh



State of Montana

COUNTY OF GALLATIN

Bozeman

June 8, 1978

NOTICE TO PETITIONERS & ADJOINING LANDOWNERS

This is to notify you that the Board of County Commissioners held a hearing on Road Petition No. 688, for the abandonment of a road in Staffanson Subdivision No. 1, and being more particularly described as follows:

A portion of road 60 feet wide beginning at the Southwest corner of Lot 24 in Staffanson Subdivision No.1, thence North for 1200 feet to the Northwest corner of Lot 2 in Staffanson Subdivision No. 1, in the SE 1/4 of Section 16, T1S, R5E.

It was unanimously carried by the Board of County Commissioners that the petition be denied.

Sincerely,


Road Office Supervisor

GT:pn

Registered Letters
Road Petition No 688

Rudolph H. & Marie R. Hager
Rte 3, Box 259
Bozeman, Montana

Eugene L. & Maisie O. Sharp
Rte 3, Box 260
Bozeman, Montana

Harold N. & Margaret J. Sufjkovsky
Rte 3, Box 287
Boz eman, Montana

Harold R. & Olive A. Owens
Box 854
Bozeman, Montana

Virginia J.L. Moss
Rte 3, Box 288
Bozeman, Montana

Walter Kirke Frantz
825 W. Main
Bozeman, Montana

John J & Joann Staffanson
Star Rte
Bozeman, Montana

No. 695668

RECEIPT FOR CERTIFIED MAIL

SENT TO
John & Joann Stefferson
STREET AND NO.
Stav Rte
P.O., STATE AND ZIP CODE
Bozeman Mont 59715

OPTIONAL SERVICES FOR ADDITIONAL FEES
RETURN RECEIPT SERVICES 1. Shows to whom and date delivered With restricted delivery
2. Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY _____
SPECIAL DELIVERY (extra fee required) _____

POSTMARK OR DATE
BOZEMAN, MT. 59715
MAY 26 PM

CONSULT POSTMASTER FOR FEES

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See other side)
☆ GPO: 1975-O-591-452

No. 695667

RECEIPT FOR CERTIFIED MAIL

SENT TO
Rudolph & Marie Wagner
STREET AND NO.
Rte 3 Box 259
P.O., STATE AND ZIP CODE
Bozeman Mont 59715

OPTIONAL SERVICES FOR ADDITIONAL FEES
RETURN RECEIPT SERVICES 1. Shows to whom and date delivered With restricted delivery
2. Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY _____
SPECIAL DELIVERY (extra fee required) _____

POSTMARK OR DATE
BOZEMAN, MT. 59715
MAY 26 PM

CONSULT POSTMASTER FOR FEES

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See other side)
☆ GPO: 1975-O-591-452

No. 695665

RECEIPT FOR CERTIFIED MAIL

SENT TO
Harold & Margaret Sippert
STREET AND NO.
Rte 3 Box 287
P.O., STATE AND ZIP CODE
Bozeman Mt 59715

OPTIONAL SERVICES FOR ADDITIONAL FEES
RETURN RECEIPT SERVICES 1. Shows to whom and date delivered With restricted delivery
2. Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY _____
SPECIAL DELIVERY (extra fee required) _____

POSTMARK OR DATE
BOZEMAN, MT. 59715
MAY 26 PM

CONSULT POSTMASTER FOR FEES

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See other side)
☆ GPO: 1975-O-591-452

No. 695663

RECEIPT FOR CERTIFIED MAIL

SENT TO
Virginia J. L. Moss
STREET AND NO.
Rte 3, Box 288
P.O., STATE AND ZIP CODE
Bozeman Mt

OPTIONAL SERVICES FOR ADDITIONAL FEES
RETURN RECEIPT SERVICES 1. Shows to whom and date delivered With restricted delivery
2. Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY _____
SPECIAL DELIVERY (extra fee required) _____

POSTMARK OR DATE
BOZEMAN, MT. 59715
MAY 26 PM

CONSULT POSTMASTER FOR FEES

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See other side)
☆ GPO: 1975-O-591-452

No. 695664

RECEIPT FOR CERTIFIED MAIL

SENT TO
Harold & Olive Owens
STREET AND NO.
Box 854
P.O., STATE AND ZIP CODE
Bozeman Mt 59715

OPTIONAL SERVICES FOR ADDITIONAL FEES
RETURN RECEIPT SERVICES 1. Shows to whom and date delivered With restricted delivery
2. Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY _____
SPECIAL DELIVERY (extra fee required) _____

POSTMARK OR DATE
BOZEMAN, MT. 59715
MAY 26

CONSULT POSTMASTER FOR FEES

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See other side)
☆ GPO: 1975-O-591-452

RECEIPT FOR CERTIFIED MAIL

SENT TO
Walter F. Frantz
STREET AND NO.
825 N. Main
P.O., STATE AND ZIP CODE
Bozeman Mont 59715

OPTIONAL SERVICES FOR ADDITIONAL FEES
RETURN RECEIPT SERVICES 1. Shows to whom and date delivered With restricted delivery
2. Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY _____
SPECIAL DELIVERY (extra fee required) _____

POSTMARK OR DATE
BOZEMAN, MT. 59715
MAY 26

CONSULT POSTMASTER FOR FEES

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See other side)
☆ GPO: 1975-O-591-452

No. 695662

RECEIPT FOR CERTIFIED MAIL

SENT TO
Engene & Mavis Sharp
STREET AND NO.
Rte 3 Box 260
P.O., STATE AND ZIP CODE
Bozeman Mt 59715

OPTIONAL SERVICES FOR ADDITIONAL FEES
RETURN RECEIPT SERVICES 1. Shows to whom and date delivered With restricted delivery
2. Shows to whom, date and where delivered With restricted delivery

RESTRICTED DELIVERY _____
SPECIAL DELIVERY (extra fee required) _____

POSTMARK OR DATE
BOZEMAN, MT. 59715
MAY 26 PM

CONSULT POSTMASTER FOR FEES

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See other side)
☆ GPO: 1975-O-591-452

No. 695669

RECEIPT FOR CERTIFIED MAIL

SENT TO: *John J. + Joann Stephanson*
 STREET AND NO.: *Star Route*
 P.O., STATE AND ZIP CODE: *Bozeman Montana 59715*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1. Shows to whom and date delivered
 With restricted delivery
 2. Shows to whom, date and where delivered
 With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: *JUN 9 1978*

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL
 (See other side) ☆ GPO: 1975—O-591-452

No. 695676

Road

RECEIPT FOR CERTIFIED MAIL

SENT TO: *Rudolph H. or Marie R. Hager*
 STREET AND NO.: *Rt 3 Box 259*
 P.O., STATE AND ZIP CODE: *Bozeman Montana 59715*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1. Shows to whom and date delivered
 With restricted delivery
 2. Shows to whom, date and where delivered
 With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: *JUN 6 1978*

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL
 (See other side) ☆ GPO: 1975—O-591-452

No. 695670

Road

RECEIPT FOR CERTIFIED MAIL

SENT TO: *Walter Kirk Farnly*
 STREET AND NO.: *825 W. Main*
 P.O., STATE AND ZIP CODE: *Bozeman Montana 59715*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1. Shows to whom and date delivered
 With restricted delivery
 2. Shows to whom, date and where delivered
 With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: *JUN 6 1978*

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL
 (See other side) ☆ GPO: 1975—O-591-452

No. 695675

Road

RECEIPT FOR CERTIFIED MAIL

SENT TO: *Harold N. + Mary and J. Saffersky*
 STREET AND NO.: *Rt 3 Box 287*
 P.O., STATE AND ZIP CODE: *Bozeman Montana 59715*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1. Shows to whom and date delivered
 With restricted delivery
 2. Shows to whom, date and where delivered
 With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: *JUN 6 1978*

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL
 (See other side) ☆ GPO: 1975—O-591-452

No. 695672

Road

RECEIPT FOR CERTIFIED MAIL

SENT TO: *Virginia J. J. Moss*
 STREET AND NO.: *Rt 3 Box 288*
 P.O., STATE AND ZIP CODE: *Bozeman Montana 59715*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1. Shows to whom and date delivered
 With restricted delivery
 2. Shows to whom, date and where delivered
 With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: *JUN 6 1978*

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL
 (See other side) ☆ GPO: 1975—O-591-452

No. 695674

Road

RECEIPT FOR CERTIFIED MAIL

SENT TO: *Harold B. + Olive A. Owens*
 STREET AND NO.: *Box 854*
 P.O. STATE AND ZIP CODE: *Bozeman Montana 59715*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1. Shows to whom and date delivered
 With restricted delivery
 2. Shows to whom, date and where delivered
 With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: *JUN 9 1978*

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL
 (See other side) ☆ GPO: 1975—O-591-452

No. 695673

Road

RECEIPT FOR CERTIFIED MAIL

SENT TO: *Eugene J. + Blaine C. Sharp*
 STREET AND NO.: *Rt 3 Box 260*
 P.O. STATE AND ZIP CODE: *Bozeman Montana 59715*

OPTIONAL SERVICES FOR ADDITIONAL FEES
 RETURN RECEIPT SERVICES 1. Shows to whom and date delivered
 With restricted delivery
 2. Shows to whom, date and where delivered
 With restricted delivery

RESTRICTED DELIVERY
 SPECIAL DELIVERY (extra fee required)

POSTMARK OR DATE: *JUN 9 1978*

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL
 (See other side) ☆ GPO: 1975—O-591-452

No. 695671

Road

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered. _____¢
 Show to whom, date, and address of delivery. _____¢
 RESTRICTED DELIVERY
 Show to whom and date delivered. _____¢
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ _____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695666 | |
 (Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY *M. Sharp*
 5-27-78

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS *LS*

POSTMARK: FROZEMAN MT, MAY 27 1978, USPO

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered. _____¢
 Show to whom, date, and address of delivery. _____¢
 RESTRICTED DELIVERY
 Show to whom and date delivered. _____¢
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ _____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695662 | |
 (Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY *Ms. Charlotte M. Smith*
 5-27-78

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS *LM*

POSTMARK: FROZEMAN MT, MAY 30 1978

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered. _____¢
 Show to whom, date, and address of delivery. _____¢
 RESTRICTED DELIVERY
 Show to whom and date delivered. _____¢
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ _____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695664 | |
 (Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY *X. Harold P. Owens*
 5-27-78

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS *LM*

POSTMARK: FROZEMAN MT, MAY 30 1978

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered. _____¢
 Show to whom, date, and address of delivery. _____¢
 RESTRICTED DELIVERY
 Show to whom and date delivered. _____¢
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ _____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695663 | |
 (Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY *Joe Larra Carter*
 5-27-78

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS *LM*

POSTMARK: FROZEMAN MT, MAY 27 1978

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered.
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 RESTRICTED DELIVERY
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 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ ____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695665 | |
 (Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY | POSTMARK
 | |

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: | CLERK'S INITIALS

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered.
 Show to whom, date, and address of delivery.
 RESTRICTED DELIVERY
 Show to whom and date delivered.
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ ____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695667 | |
 (Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY | POSTMARK
 | |

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: | CLERK'S INITIALS

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered.
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 RESTRICTED DELIVERY
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 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ ____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695668 | |
 (Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY | POSTMARK
 | |

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: | CLERK'S INITIALS

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered.
 Show to whom, date, and address of delivery.
 RESTRICTED DELIVERY
 Show to whom and date delivered.
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ ____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695675 | |
 (Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY | POSTMARK
 | |

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: | CLERK'S INITIALS

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered. _____
 Show to whom, date, and address of delivery. _____
 RESTRICTED DELIVERY
 Show to whom and date delivered. _____
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ _____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695671 | |

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY *9/2/78* POSTMARK *BOZEMAN, MT JUN 19 1978*

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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1. The following service is requested (check one).
 Show to whom and date delivered. _____
 Show to whom, date, and address of delivery. _____
 RESTRICTED DELIVERY
 Show to whom and date delivered. _____
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ _____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695672 | |

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY *Margaret Dreyfusky* POSTMARK *BOZEMAN, MT JUN 19 1978*

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS *W*

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered. _____
 Show to whom, date, and address of delivery. _____
 RESTRICTED DELIVERY
 Show to whom and date delivered. _____
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ _____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695676 | |

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY *Joe Skott* POSTMARK *BOZEMAN, MT JUN 19 1978*

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS *M*

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
 Show to whom and date delivered. _____
 Show to whom, date, and address of delivery. _____
 RESTRICTED DELIVERY
 Show to whom and date delivered. _____
 RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$ _____
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | 695674 | |

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

4. DATE OF DELIVERY *J. Moss* POSTMARK *BOZEMAN, MT JUN 12 1978*

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
- Show to whom and date delivered. _____¢
 - Show to whom, date, and address of delivery. _____¢
 - RESTRICTED DELIVERY
Show to whom and date delivered. _____¢
 - RESTRICTED DELIVERY.
Show to whom, date, and address of delivery. \$ _____
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
REGISTERED NO. | CERTIFIED NO. | INSURED NO.

695670

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent

Cheri Larsen

4. DATE OF DELIVERY | POSTMARK

JUN 13 1978

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: | CLERK'S INITIALS

☆ GPO : 1977-O-234-337

PS Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
- Show to whom and date delivered. _____¢
 - Show to whom, date, and address of delivery. _____¢
 - RESTRICTED DELIVERY
Show to whom and date delivered. _____¢
 - RESTRICTED DELIVERY.
Show to whom, date, and address of delivery. \$ _____
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:
REGISTERED NO. | CERTIFIED NO. | INSURED NO.

695673

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent

Harold Owens

4. DATE OF DELIVERY | POSTMARK

JUN 13 1978

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: | CLERK'S INITIALS

☆ GPO : 1977-O-234-337