

Road Petition No 693
abandonment of county
road near Gateway
ON Nov. 17, 1978

Comm Book 39
Page 384

mailed 11/29/71 To Leonard Johnson

PETITION TO ABANDON A PORTION OF OLD COUNTY ROAD

To the Honorable Board
of County Commissioners
Gallatin County, Montana

Gentlemen:

We, the undersigned Freeholders of Gallatin County,
Taxable therein for road purposes, do hereby petition
your honorable body to abandon the following portion of
County road, and being more particularly described as
follows:

Starting point is at South Quarter Corner Section
2, Township 3 South, Range 4 East of the old county
road known as Federal Aid Project number 76; thence
North 0 degrees 44 minutes East for distance of
1980 feet; thence North 11 degrees 34 minutes East
for a distance of 600 feet to East-West center line
of Section 2; thence approximately 260 feet on the
bearing of North 11 degrees 34 minutes East to where
this road intersects with highway 191 right-of-way.

Total distance 2800 feet.

Plat attached showing road to be abandon.

<u>NAME OF PETITIONERS</u>	<u>DESCRIPTION OF LAND</u>
<input checked="" type="checkbox"/> Leonard S. Johnson	
<input checked="" type="checkbox"/> Ben C. Johnson	
<input checked="" type="checkbox"/> Violet B. Johnson	
<input checked="" type="checkbox"/> Marguerite M. Good	
<input checked="" type="checkbox"/> Edward J. Joresdal	
<input checked="" type="checkbox"/> Douglas A. Johnson	
<input checked="" type="checkbox"/> Daughter Linda Kemp Johnson	
<input checked="" type="checkbox"/> Nellie Joresdal	
<input checked="" type="checkbox"/> Debie O. Kemp	
<input checked="" type="checkbox"/> Francis E. White	
<input checked="" type="checkbox"/> Winnifred H. White	
<input checked="" type="checkbox"/> Emmett Triggall	
<input checked="" type="checkbox"/> Mildred T. Triggall	



EAST-WEST-CENTER LINE OF
SECTION 2, Township 3 South,
Range 4 East

Sec
2

SECTION OF ROAD TO BE ABANDONED

Tract

SOUTH SECTION LINE
OF SECTION 2

Rail Road

STATE HWY 191

COUNTY ROAD

Gooch hill oil Road

HWY 191 N/W

gateway

CERTIFICATE OF THE COUNTY CLERK AND RECORDER

Relating to

QUALIFICATIONS OF THE SIGNERS

Petition to abandon the following portion of County road being more particularly described as follows;

Starting at the South Quarter Corner of Section 2, Township 3 South, Range 4 East of the old county road known as Federal Aid Project Number 76; thence North 0° 44' East for a distance of 1980 feet; thence North 11° 34' East for a distance of 600 feet to the East-West center line of Section 2; thence approximately 260 feet on the bearing of North 11° 34' East to where this road intersects with Highway 191 right-of-way.

STATE OF MONTANA

Total Distance 2800 feet.

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 27 day

of October, A.D., 1978.

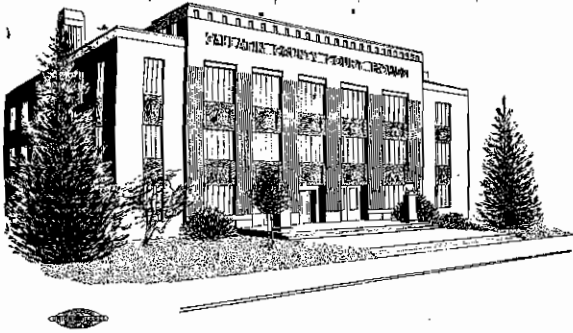


Carl L. Stucky, County Clerk & Recorder for Gallatin County, State of Montana.

By:

Lucille A. Bridges

Deputy



State of Montana
COUNTY OF GALLATIN

Bozeman

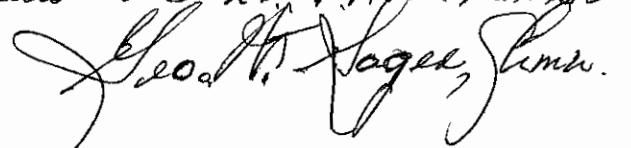
November 1, 1978

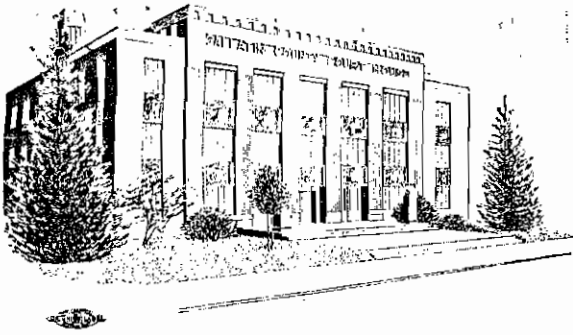
PETITION NO. 693

We, the undersigned, acting as the Board of Viewers for the County of Gallatin, made inspection of the road as described in Petition No. 693 on October 31, 1978, and the Board of Viewers do hereby recommend the road to be abandoned and closed to the public use.


George W. Sager - Chairman


Robert H. Babb - County Surveyor

Heard & granted by unanimous vote, 2 PM Nov. 16, 1978




State of Montana
COUNTY OF GALLATIN

Bozeman
November 1, 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 on Road Petition No. 693. This petition is for the abandonment of the following county road.

Starting at the South Quarter Corner of Section 2, Township 3 South, Range 4 East of the old county road known as Federal Aid Project Number 76; thence North $0^{\circ} 44'$ East for a distance of 1980 feet; thence North $11^{\circ} 34'$ East for a distance of 600 feet to the East-West center line of Section 2; thence approximately 260 feet on the bearing of North $11^{\circ} 34'$ East to where this road intersects with Highway 191 right-of-way.

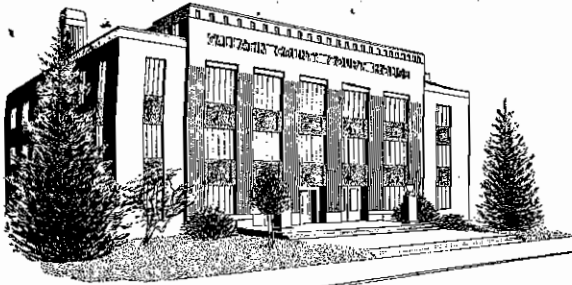
A hearing on the above matter has been set by the Board of County Commissioners for Thursday the 16th day of November, 1978 at 2:00 P.M., in the Commissioners Office in Bozeman, Montana, at which time the Commissioners will make final determination of the merits of said matter, and at which time all 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.

Dated this 1st day of November, 1978 at Bozeman, Montana.

Sincerely,

Gale Thompson
Road Office Supervisor



State of Montana
COUNTY OF GALLATIN

Bozeman

November 17, 1978

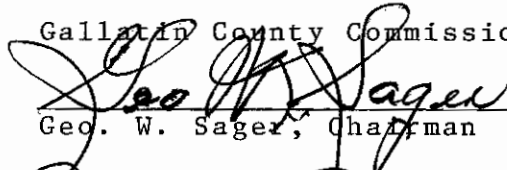
NOTICE TO PETITIONERS & ADJOINING LANDOWNERS


This is to notified you that the Board of County Commissioners held a hearing on Road Petition No. 693 for the abandonment of the following county road.

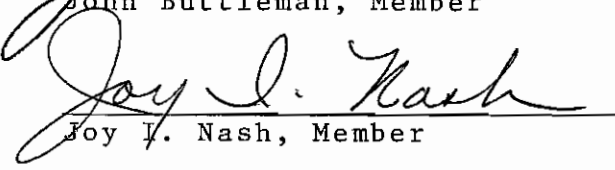
Starting at the South Quarter Corner of Section 2, Township 3 South, Range 4 East of the old county road known as Federal Aid Project Number 76; thence North $0^{\circ}44'$ East for a distance of 1980 feet; thence North $11^{\circ}34'$ East for a distance of 600 feet to the East-West center line of Section 2; thence approximately 260 feet on the bearing of North $11^{\circ}34'$ East to where this road intersects with Highway 191 right-of-way.

There being no objections it was unanimously carried by the Board of County Commissioners that the road be closed.

Gallatin County Commissioners


Geo. W. Sager, Chairman


John Buttler, Member


Joy I. Nash, Member

ADDRESSES - PETITION # 693

1. Debbie O. Kemp & Linda
Star Rte, Box 100
Bozeman, Mt 59715
2. Glen C. Johnson
Box 11414
Reno, Nevada 89510
3. Leonard L. Johnson
5001 E. Apache Trail
Box 372
Venture Out
Mesa, Arizona 85201
4. Violet B. Johnson
Star Route
Bozeman, Mt 59715
5. Marguerite Good
437 N. 4th
Bozeman, Mt 59715
6. Francis E. & Winefred G. White
Star Route, Box 77
Bozeman, Mt 59715
7. Emmett & Mildred W. Typolt
Box 4293
Helena, Monana59601
8. Osmond I. Toresdahl & Nellie M.
Star Route, Box 99-K
Bozeman, Mt 59715

Road
No. 695711

RECEIPT FOR CERTIFIED MAIL

SENT TO *Demond & Nellie Foredate*

STREET AND NO. *Star Route Box 94-K*

P.O., STATE AND ZIP CODE *Bozeman, Mt. 59715*

POSTMARK OR DATE *NOV 1 PM 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)

CONSULT POSTMASTER FOR FEES

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

Road
No. 695705

RECEIPT FOR CERTIFIED MAIL

SENT TO *Debbie O. & Linda Kemp*

STREET AND NO. *Star Rte - Box 100*

P.O., STATE AND ZIP CODE *Bozeman, MT 59715*

POSTMARK OR DATE *NOV 1 PM 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)

CONSULT POSTMASTER FOR FEES

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

Road
No. 695708

RECEIPT FOR CERTIFIED MAIL

SENT TO *Violet B Johnson*

STREET AND NO. *Star Route*

P.O., STATE AND ZIP CODE *Bozeman, Mt 59715*

POSTMARK OR DATE *NOV 1 PM 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)

CONSULT POSTMASTER FOR FEES

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

Road
No. 695709

RECEIPT FOR CERTIFIED MAIL

SENT TO *Marquise Hood*

STREET AND NO. *437 N 4th*

P.O., STATE AND ZIP CODE *Bozeman, Mt. 59715*

POSTMARK OR DATE *NOV 1 PM 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)

CONSULT POSTMASTER FOR FEES

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

Road
No. 695710

RECEIPT FOR CERTIFIED MAIL

SENT TO *Francis E. & Winifred A. White*

STREET AND NO. *Star Rte Box 97*

P.O., STATE AND ZIP CODE *Bozeman, Mt 59715*

POSTMARK OR DATE *NOV 1 PM 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)

CONSULT POSTMASTER FOR FEES

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

RECEIPT FOR CERTIFIED MAIL

SENT TO *Alan C. Johnson*

STREET AND NO. *Box 11414*

P.O., STATE AND ZIP CODE *Bozeman, MT 59710*

POSTMARK OR DATE *NOV 1 PM 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)

CONSULT POSTMASTER FOR FEES

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

Road
No. 695706

RECEIPT FOR CERTIFIED MAIL

SENT TO *Edward L. Johnson*

STREET AND NO. *5001 E Apple Trail Box 372*

P.O., STATE AND ZIP CODE *Bozeman, MT 59715*

POSTMARK OR DATE *NOV 1 PM 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)

CONSULT POSTMASTER FOR FEES

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

Road
No. 695707

No. 695712

RECEIPT FOR CERTIFIED MAIL

SENT TO
Emmett + Mildred W. Tybolt

STREET AND NO.
Box 4293

P.O., STATE, AND ZIP CODE
Helena, Montana 59601

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)

CONSULT POSTMASTER FOR FEES

POSTMARK OR DATE
NOV 1 PM

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

No. 695715

RECEIPT FOR CERTIFIED MAIL

SENT TO
Alan C. Johnson

STREET AND NO.
Box 11414

P.O., STATE, AND ZIP CODE
Reno, Nevada 89510

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)

CONSULT POSTMASTER FOR FEES

POSTMARK OR DATE
NOV 21 PM

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

No. 695716

RECEIPT FOR CERTIFIED MAIL

SENT TO
Leonard L. Johnson

STREET AND NO.
5001 E. Apache Trail Box 372

P.O., STATE, AND ZIP CODE
Mesa, Arizona 85201

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)

CONSULT POSTMASTER FOR FEES

POSTMARK OR DATE
NOV 21 PM

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

No. 695403

RECEIPT FOR CERTIFIED MAIL

SENT TO
Emmett + Mildred W. Tybolt

STREET AND NO.
Box 4293

P.O., STATE, AND ZIP CODE
Helena, Mt 59601

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)

CONSULT POSTMASTER FOR FEES

POSTMARK OR DATE
NOV 21 PM

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

No. 695714

RECEIPT FOR CERTIFIED MAIL

SENT TO
Dabbe O. + Linda Kemp

STREET AND NO.
Star Rt 3 Box 100

P.O., STATE, AND ZIP CODE
Sagehen, 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)

CONSULT POSTMASTER FOR FEES

POSTMARK OR DATE
NOV 21 PM

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

RECEIPT FOR CERTIFIED MAIL

SENT TO
Walter B. Johnson

STREET AND NO.
Star Route

P.O., STATE, AND ZIP CODE
Sagehen 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)

CONSULT POSTMASTER FOR FEES

POSTMARK OR DATE
NOV 21 PM

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

No. 695717

No. 695401

RECEIPT FOR CERTIFIED MAIL

SENT TO <i>Marquerite Hood</i>	POSTMARK OR DATE NOV 21 PM
STREET AND NO. <i>439 N. 4th</i>	BOZEMAN MONT SILVER
P.O., STATE AND ZIP CODE <i>Bozeman Mt 59715</i>	
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)	
PS Form Jan. 1976 3800	NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL
	(See other side) ☆ GPO: 1975-O-591-452

No. 695402

RECEIPT FOR CERTIFIED MAIL

SENT TO <i>Francis E. + Winifred A. White</i>	POSTMARK OR DATE NOV 21 PM
STREET AND NO. <i>Star Route Box 77</i>	BOZEMAN MONT SILVER
P.O., STATE AND ZIP CODE <i>Bozeman Mt 59715</i>	
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)	
PS Form Jan. 1976 3800	NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL
	(See other side) ☆ GPO: 1975-O-591-452

No. 695404

RECEIPT FOR CERTIFIED MAIL

SENT TO <i>Donald J. + Nellie M. Forecath</i>	POSTMARK OR DATE NOV 21 PM
STREET AND NO. <i>Star Rte Box 99-K</i>	BOZEMAN MONT SILVER
P.O., STATE AND ZIP CODE <i>Bozeman Mt 59715</i>	
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)	
PS Form Jan. 1976 3800	NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL
	(See other side) ☆ GPO: 1975-O-591-452

PS Form 3811, Apr. 1977

MA A

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:
 Leonard L. Johnson
 5001 E. Apache Trail
 Box 372
 Venture Out Mesa, Arizona 85201

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 695707

(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

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

NOV 22 1978

85207

☆GPO: 1977-0-249-595

PS Form 3811, Apr. 1977

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:
 Francis E. + Winifred J. White
 Star Route Box 77
 Berman, MT 59715

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 695402

(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

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

NOV 22 1978

☆GPO: 1977-0-249-595

PS Form 3811, Apr. 1977

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:
 Debbie C. + Linda Kemp
 Star Rt Box 100
 Berman, MT 59715

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 695714

(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

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

NOV 22 1978

☆GPO: 1977-0-249-595

PS Form 3811, Apr. 1977

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:
 Osmond J + Nellie M. Torodahl
 Star Route Box 99-K
 Berman, MT 59715

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.
 695404

(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

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

NOV 22 1978

☆GPO: 1977-0-249-595

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:
Marquette Hood
437 N. 4th
Bozeman, MT 59715

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | | *695401* |
 (Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY | POSTMARK
 | | *NOV 24 1978* |

5. ADDRESS (Complete only if requested)

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

☆GPO: 1977-0-249-595

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:
Alan C. Johnson
Box 11414
Bozeman, MT 59710

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | | *695715* |
 (Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY | POSTMARK
 | | *NOV 24 1978* |

5. ADDRESS (Complete only if requested)

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

☆GPO: 1977-0-249-595

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:
Emmett + Mildred W. Jypolt
Box 4293
Helena, MT 59601

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | | *695403* |
 (Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY | POSTMARK
 | | *NOV 27 1978* |

5. ADDRESS (Complete only if requested)

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

☆GPO: 1977-0-249-595

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:
Leonard S. Johnson
5001 E Apache Trail
Box 372 Ventnor-Out
Alsea, Oregon 97501

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | | *695716* |
 (Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY | POSTMARK
 | | *NOV 28 1978* |

5. ADDRESS (Complete only if requested)

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

☆GPO: 1977-0-249-595

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:
Violet B. Johnson
Star Route
Bauman, MT 59715

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | *695717* | |

(Always obtain signature of addressee or agent)

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

4. *Mr. James L. Johnson*
 DATE OF DELIVERY

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

POSTMARK: NOV 28 1978

☆GPO: 1977-O-249-595

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:
Debbie O. + Linda Kemp
Star Rte, Box 100
Bauman, MT 59715

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | *695705* | |

(Always obtain signature of addressee or agent)

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

4. *Debbie O Kemp*
 DATE OF DELIVERY

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

POSTMARK: NOV 28 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:
Ernest + Mildred W. Jypolt
Box 4293
Helena, MT 59601

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | *695712* | |

(Always obtain signature of addressee or agent)

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

4. *Mildred Jypolt*
 DATE OF DELIVERY

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

POSTMARK: NOV 2 1978

☆GPO: 1977-O-249-595

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:
Francis E. Winifred H. White
Star Rte. Box 77
Bauman, MT. 59715

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | *695710* | |

(Always obtain signature of addressee or agent)

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

4. *Francis E. Winifred H. White*
 DATE OF DELIVERY

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

POSTMARK: NOV 28 1978

☆GPO: 1977-O-234-337

PS Form 3811, Apr. 1977

● 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:
Alan C. Johnson
Box 11414
Reno, Nevada 89510

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | *695706* | |

(Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY
NOV 3 1978

5. ADDRESS (Complete only if requested)

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

☆ GPO : 1977-O-234-337

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

PS Form 3811, Apr. 1977

● 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:
Marguerite Good
437 N. 4th
Bogman, MT 59715

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | *695709* | |

(Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY
NOV 3 1978

5. ADDRESS (Complete only if requested)

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

☆ GPO : 1977-O-234-337

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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:
Camron D. Nellie M. Forendahl
Star Rt Box 99-K
Bogman, MT 59715

3. ARTICLE DESCRIPTION:
 REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | *695711* | |

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent
Camron D. Nellie M. Forendahl

4. DATE OF DELIVERY
NOV 3 1978

5. ADDRESS (Complete only if requested)

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

☆ GPO : 1977-O-249-505