

#706

Road Petition No. 706

Abandonment of alley
in Rainbow Hot Spring
Subdivision.

Denied

Comm Journal 41
pages 166

PETITION TO ABANDON ALLEY
IN RAINBOW SUBDIVISION

To the Honorable Board of
County Commissioners
Gallatin County, Montana
Members:

We, the undersigned Freeholders of Gallatin County, Montana taxable therein for road purposes, do hereby petition your Honorable Body to abandon an alley in the Rainbow Subdivision, and being more particularly described as follows, and shown in red on the attached plat.

The alley which is 20 feet wide that lies between lots 60, 10, 59, 11, 58, 12, 57, 13, 56, 14, 55, 15, 54, 16, 53, 17, 52 and 18 in the Rainbow Subdivision in Section 14, Township 2 South, Range 4 East.

Total distance of 360 feet more or less.

<u>NAME OF PETITIONERS</u>	<u>DISCRIPTION OF LAND OWNED BY PETITIONERS</u>
<u>✓</u> <i>Danell Randell</i>	<i>Rainbow Lots 102 thru 110 W/ Residence</i>
<u>✓</u> <i>Frank D. Almick</i>	<i>Rainbow Sub. Lots 129-130 Residence</i>
<u>✓</u> <i>Mary A. Wortman</i>	<i>Rainbow Sub. - Lots 70-71-127-128</i>
<u>✓</u> <i>Paul D. Patton</i>	<i>319 N. Grand</i>
<u>✓</u> <i>Harold Campbell</i>	<i>78800 Gallatin Rd</i>
<u>✓</u> <i>Rudolph Quigley</i>	<i>Rainbow Lots</i>
<u>✓</u> <i>Ralph Mc Henry</i>	<i>9801 GALLATIN RD.</i>
<u>✓</u> <i>Wesley J. Madsen</i>	<i>Rainbow Lot #75-72-73</i>
<u>✓</u> <i>Storance Marten</i>	<i>Rainbow Lot 73-72</i>
<u>✓</u> <i>Donald R. Goegli</i>	<i>Rainbow Sub. Division Lots 391 THRU 395</i>
<u>✓</u> <i>Raymond G. Schultz</i>	<i>Rainbow Lot 52-53</i>
<u>✓</u> <i>Dorinne Christophersen</i>	<i>Rainbow Lots 175, 176, 177, 178</i>
<u>✓</u> <i>H.D. Christophersen</i>	<i>Rainbow Lot 187</i>

DIVISION TRACT

North
↑

SCALE 200 FEET TO THE INCH

TOWNSHIP 2 SOUTH, RANGE 4 EAST

NE CORNER
SE 1/4 OF NE 1/4
SEC. 14

188	185	184	179
189	186	183	180
190	187	182	181

191	178	129	128	70	69	1
	177	130	127	71	68	2
	176	131	126	72	67	3
	175	132	125	73	66	4
192	174	133	124	74	65	5
	173	134	123	75	64	6
	172	135	122	76	63	7
	171	136	121	77	62	8
193	170	137	120	78	61	9

194	169	138	119	79	60	10
	168	139	118	80	59	11
	167	140	117	81	58	12
	166	141	116	82	57	13
195	165	142	115	83	56	14
	164	143	114	84	55	15
	163	144	113	85	54	16
	162	145	112	86	53	17
196	161	146	111	87	52	18

197	160	147	110	88	51	19
	159	148	109	89	50	20
	158	149	108	90	49	21
	157	150	107	91	48	22
198	156	151	106	92	47	23
	155	152	105	93	46	24
	154	153	104	94	45	25
	153	154	103	95	44	26
199	152	155	102	96	43	27

200	151	156	101	97	42	28
	150	157	100	98	41	29
	149	158	99	99	40	30
	148	159	98	99	39	31
201	147	160	97	99	38	32
	146	161	96	99	37	33
	145	162	95	99	36	34
	144	163	94	99	35	35

202	143	164	93	99	34	36
	142	165	92	99	33	37
	141	166	91	99	32	38
	140	167	90	99	31	39
203	139	168	89	99	30	40
	138	169	88	99	29	41
	137	170	87	99	28	42
	136	171	86	99	27	43

COUNTY ROAD N 0° 45' E 1325.9

E 1/4 SEC COR
ON SEC 14

GALLATIN VALLEY RAILWAY

462	463	464	465	466	467	468	469
-----	-----	-----	-----	-----	-----	-----	-----

State of Montana

County of Gallatin

Bozeman



April 30, 1984

CERTIFICATE OF THE COUNTY CLERK AND RECORDER

Relating to

QUALIFICATIONS OF THE SIGNERS

Petition to abandon alley in Rainbow Subdivision

as follows; The alley which is 20 feet wide that lies between lots 60, 10, 59, 11, 58, 12, 57, 13, 56, 14, 55, 15, 54, 16, 53, 17, 52, and 18, in the Rainbow Subdivision Section 14, Township 2 South, Range 4 East.
Total distance of 360 feet more or less.

STATE OF MONTANA

ss.

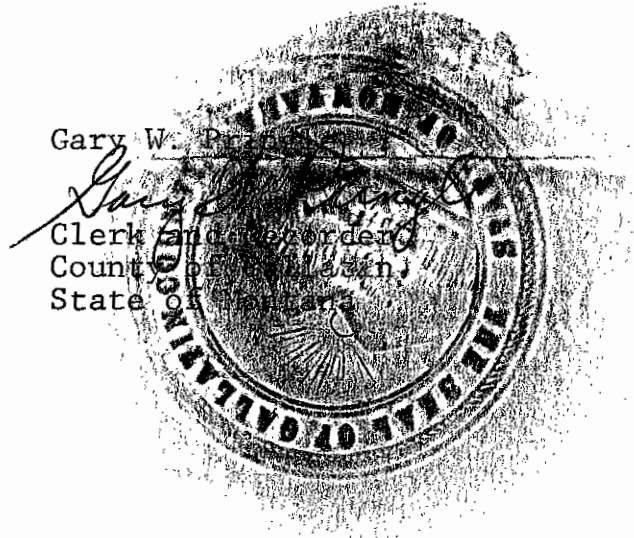
County of Gallatin

I, Gary W. Pringle, do hereby certify that I am the duly elected, qualified and acting County Clerk & 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 30 day of April, 1984, A.D.

Gary W. Pringle

Clerk and Recorder
County of Gallatin,
State of Montana



State of Montana

County of Gallatin

Bozeman



NOTICE

The Board of County Commissioners are hereby notifying the public that a hearing on Road Petition Numbers 706 and 707 will be held in the community room of the courthouse on Tuesday the 14th day of August, 1984.

Petition #706 is to abandon a alley in Rainbow Subdivision and Petition # 707 is to abandon a portion of street in Gallatin Gateway that travels through a swampy area next to the Gallatin River.

High Country INDEPENDENT PRESS

Affidavit

STATE OF MONTANA
SS:
COUNTY OF GALLATIN

Keith A. Klingenberg, residing at Belgrade, Montana, County of Gallatin, State of Montana, being duly sworn, says he is the Principal Clerk of *The High Country Independent Press*, a newspaper published weekly at Belgrade, Montana, State of Montana, and the annexed notice was published in the said *High Country Independent Press* each week for 3 consecutive weeks, commencing on the 25th day of July, 1984.

Keith A. Klingenberg

Principal Clerk

Sworn to before me this 9th day of August, 1984.

Jackie J. Molitor

Notary Public, Gallatin County, Montana

NOTARY PUBLIC for the State of
Montana. Residing at Belgrade, Montana.
My Commission expires June 1, 1987:

NOTICE
The Board of County Commissioners are hereby notifying the public that a hearing on Road Petition Numbers 706 and 707 will be held in the community room of the courthouse on Tuesday, the 14th day of August, 1984.
Petition No. 706 is to abandon an alley in Rainbow Subdivision and Petition No. 707 is to abandon a portion of street in Gallatin Gateway that travels through a swampy area next to the Gallatin River.
7-25-84-8-8

State of Montana

County of Gallatin

Bozeman



July 9, 1984

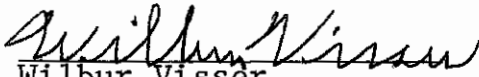
Board of County Commissioners
Gallatin County
Bozeman, MT 59715

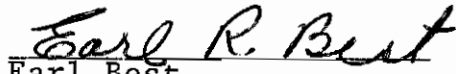
Dear Board:

On June 28, 1984, the undersigned, being appointed as viewing committee, viewed the alley in Rainbow Subdivision which has been petitioned for abandonment. The viewing committee finds that this alley will not benefit anyone in this particular block of the subdivision as there is a canal and highway 191 easement on the east side which consequently has made the block narrow. ^{W E S D}

The viewing committee recommends abandonment of this alley.

Sincerely,


Wilbur Visser


Earl Best

WV:vj

cc: Road Department

State of Montana

County of Gallatin

Bozeman



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, Earl R. Best, Surveyor and Commissioner Wilbur Visser on Road Petition No. 706. This petition is to abandon an alley in Rainbow Subdivision and being more particularly described as follows:

The alley which is 20 feet wide that lies between lots 60, 10, 59, 11, 58, 12, 57, 13, 56, 14, 55, 15, 54, 16, 53, 17, 52 and 18 in the Rainbow Subdivision in Section 14, Township 2 South, Range 4 East.

Total distance of 360 feet more or less.

A hearing on the above matter has been set by the Board of County Commissioners for Tuesday the 14th day of August, 1984 at 1:30 p.m. in the community room of the county courthouse 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 19th day of July, 1984 at Bozeman, Montana

Sincerely,

Gale Thompson
Road Office Supervisor

GT:pn
Enc/ Viewers Report

State of Montana

County of Gallatin

Bozeman

August 14, 1984



NOTICE TO PETITIONERS & ADJOINING LANEOWNERS

This is to notify you that the Board of County Commissioners held a hearing on Petition No. 706 for the abandonment of an alley in the Rainbow Subdivision.

The alley which is 20 feet wide that lies between lots 60, 10, 59, 11, 58, 12, 57, 13, 56, 14, 55, 15, 54, 16, 53, 17, 52 and 18 in Township 2 South, Range 4 East.

Total distance of 360 feet more or less.

The Board of County Commissioners unaminously denied the petition because Mr. Charles Page would not have adequate access unless he used the alley into his property.

Sincerely,

Gale Thompson
Road Office Supervisor

GT:pn

RAINBOW SUBDIVISION
LANDOWNERS

Margaret E. Devous 81451 Gallatin Rd Gallatin Gateway, Mt 59730	Lots 10,11,12,13,14,15 57,58,59
Edna Blanche Cass Toston, Mt 59643	Lot 16
Charles C. & Nancy N. Page 133 Lower Rainbow Rd Gallatin Gateway, Mt 59730	Lot 17
Jacob Sudon 1312 Stella Rd Longview Wa. 98632	Lot 18
Susie H. Levengood 544 S. Montana Bozeman, Montana 59715	Lots 52,53
Darrell & Edith Randell 81401 Gallatin Rd. Gallatin Gateway, Mt 59730	Lots 54,55,56
Thomas Lesley % Leona Frank Dahl 2806 3rd Ave. S. Great Falls, Mt 59405	Lot 60

P13 5155092

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

Form with recipient Edna Blanche Cass, Toston, Mt 59643. Includes postage and fee table, and a circular postmark from Toston, MT dated July 19, 1984.

PS Form 3800, Apr. 1976

P13 5155094

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

Form with recipient Chas. C. & Nancy N. Page, 133 Lower Rainbow Rd, Gallatin Gateway, Mt. 59730. Includes postage and fee table, and a circular postmark from Bozeman, MT dated July 19, 1984.

PS Form 3800, Apr. 1976

P13 5155091

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

Form with recipient Margaret E. Devous, 81451 Gallatin Rd, Gallatin Gateway, Mt. Includes postage of \$59730 and fee table, and a circular postmark from Bozeman, MT dated July 19, 1984.

PS Form 3800, Apr. 1976

P13 5155095

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

Form with recipient Jacob Sudon, 1312 Stella Rd, Longview, Wa 98632. Includes postage and fee table, and a circular postmark from Bozeman, MT dated July 19, 1984.

PS Form 3800, Apr. 1976

P13 5155096

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

Form with recipient Susie H. Levengood, 544 S. Montana, Bozeman, Montana 59715. Includes postage and fee table, and a circular postmark from Bozeman, MT dated July 19, 1984.

PS Form 3800, Apr. 1976

P13 5155097

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

Form with recipient Darrell & Edith Randell, 81401 Gallatin Rd, Gallatin Gateway, Mt 59715. Includes postage and fee table, and a circular postmark from Bozeman, MT dated July 19, 1984.

PS Form 3800, Apr. 1976

P13 5155098

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

Form with recipient Thomas Lesley & Leona Frank Dahl, 2806 3rd Ave. S., Great Falls, Mt 59405. Includes postage and fee table, and a circular postmark from Bozeman, MT dated July 19, 1984.

PS Form 3800, Apr. 1976

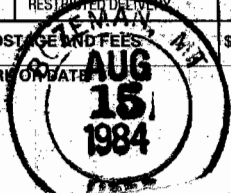
P13 5155107

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

SENT TO	
<i>Edna Blanche Case</i>	
STREET AND NO.	
<i>Easton, MT 59643</i>	
P.O., STATE AND ZIP CODE	
POSTAGE \$	
CERTIFIED FEE c	
SPECIAL DELIVERY c	
RESTRICTED DELIVERY c	
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY c
TOTAL POSTAGE AND FEES \$	
POSTMARK OR DATE	

PS Form 3800, Apr. 1976



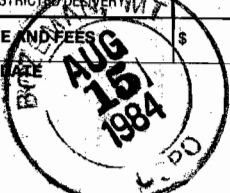
P13 5155102

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

SENT TO	
<i>Jacob Sudon</i>	
STREET AND NO.	
<i>1312 Stella Rd</i>	
P.O., STATE AND ZIP CODE	
<i>Spokane, Wa 98632</i>	
POSTAGE \$	
CERTIFIED FEE c	
SPECIAL DELIVERY c	
RESTRICTED DELIVERY c	
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY c
TOTAL POSTAGE AND FEES \$	
POSTMARK OR DATE	

PS Form 3800, Apr. 1976



P13 5155103

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

SENT TO	
<i>Julie H. Luvengood</i>	
STREET AND NO.	
<i>544 S. Montana</i>	
P.O., STATE AND ZIP CODE	
<i>Bozeman, MT 59715</i>	
POSTAGE \$	
CERTIFIED FEE c	
SPECIAL DELIVERY c	
RESTRICTED DELIVERY c	
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY c
TOTAL POSTAGE AND FEES \$	
POSTMARK OR DATE	

PS Form 3800, Apr. 1976



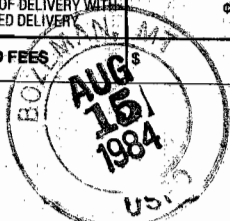
P13 5155104

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

SENT TO	
<i>Dorrell Edith Randall</i>	
STREET AND NO.	
<i>81401 Gallatin Rd</i>	
P.O., STATE AND ZIP CODE	
<i>Gallatin Gateway, MT</i>	
POSTAGE \$ <i>59730</i>	
CERTIFIED FEE c	
SPECIAL DELIVERY c	
RESTRICTED DELIVERY c	
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY c
TOTAL POSTAGE AND FEES \$	
POSTMARK OR DATE	

PS Form 3800, Apr. 1976



P13 5155101

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

SENT TO	
<i>Charles C & Nancy N Page</i>	
STREET AND NO.	
<i>133 Lower Rainbow Rd</i>	
P.O., STATE AND ZIP CODE	
<i>Gallatin Gateway, MT</i>	
POSTAGE \$	
CERTIFIED FEE c <i>59730</i>	
SPECIAL DELIVERY c	
RESTRICTED DELIVERY c	
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY c
TOTAL POSTAGE AND FEES \$	
POSTMARK OR DATE	

PS Form 3800, Apr. 1976



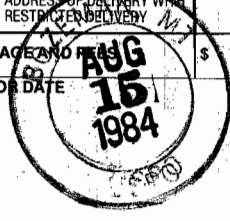
P13 5155105

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

SENT TO	
<i>Thomas Lesley</i>	
STREET AND NO.	
<i>16 Leona Frank Dahl</i>	
P.O., STATE AND ZIP CODE	
<i>2806 3rd Ave S, Great Falls, MT 59405</i>	
POSTAGE \$	
CERTIFIED FEE c	
SPECIAL DELIVERY c	
RESTRICTED DELIVERY c	
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY c
TOTAL POSTAGE AND FEES \$	
POSTMARK OR DATE	

PS Form 3800, Apr. 1976



P13 5155106

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

SENT TO	
<i>Margaret E. Owens</i>	
STREET AND NO.	
<i>81451 Gallatin Rd</i>	
P.O., STATE AND ZIP CODE	
<i>Gallatin Gateway, MT 59715</i>	
POSTAGE \$	
CERTIFIED FEE c	
SPECIAL DELIVERY c	
RESTRICTED DELIVERY c	
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY c
RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY c
TOTAL POSTAGE AND FEES \$	
POSTMARK OR DATE	

PS Form 3800, Apr. 1976



SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
*Thomas Lealey
 % Leona Frank Dahl
 2806 3rd Ave S.
 Great Falls, MT 59405*

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number 5155105
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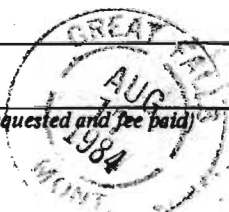
Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X *Leona Dahl*

6. Signature - Agent
 X

7. Date of Delivery
 8-16-84

8. Addressee's Address (ONLY if requested and fee paid)



SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
*Margaret E Devoue
 81451 Gallatin Rd
 Gallatin Gateway, MT 59730*

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number
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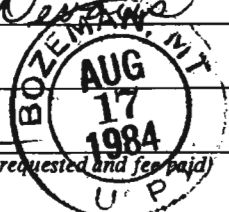
Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X *Margaret E. Devoue*

6. Signature - Agent
 X *M*

7. Date of Delivery
 8-16-84

8. Addressee's Address (ONLY if requested and fee paid)



SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
*Edna Blanche Cass
 Boston, MT 59643*

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P13-5155107
--	-------------------------------

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X *Edna Blanche Cass*

6. Signature - Agent
 X *MW*

7. Date of Delivery
 8-16-84

8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
*Charles C. + Nancy N. Page
 133 Lower Rainbow Rd
 Gallatin Gateway, MT 59730*

4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number 5155101
---	---------------------------


Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X *Nancy Page*

6. Signature - Agent
 X *M*

7. Date of Delivery
 8-17-84

8. Addressee's Address (ONLY if requested and fee paid)



PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
Jacob Sudon
1312 Stella Rd
Longview, Wa 98632

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <i>5155102</i>
--	--

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Barbara Sudon*

6. Signature - Agent
 X *R STRAND*

7. Date of Delivery
8-20-84

8. Addressee's Address (ONLY if requested and fee paid)
 X *1312 STELLA RD*
LONGVIEW

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
Susie H Lewengood
544 S. Montana
Bozeman, Mt. 59715

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <i>5155103</i>
--	--

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *David Hulbert*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.
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1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
Edna Blanche Cass
Toston, Mt. 59643

4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <i>P13-5755092</i>
---	--

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Hubert L. Cass*

6. Signature - Agent
 X *MW*

7. Date of Delivery
7-20-84

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

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1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
Jacob Sudon
1312 Stella Rd
Longview Wa. 98632

4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD
---	--

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Barbara Sudon*

6. Signature - Agent
 X *J*

7. Date of Delivery
7-21-84

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 Charles C. & Nancy N. Page
 133 Lower Rainbow Rd
 Gallatin Gateway, Montana 59730

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	

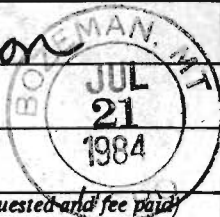
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Vicki Larson*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 7/21/84

8. Addressee's Address (ONLY if requested and fee paid)



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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Carrell & Edith Randall
 81401 Gallatin Rd
 Gallatin Gateway

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	5155104

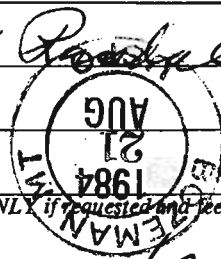
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Edith Randall*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)



DOMESTIC RETURN RECEIPT

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 Susie H. Lenengood
 544 S. Montana
 Bozeman, Montana 59715

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	

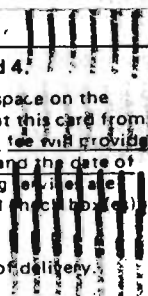
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Susie Lenengood*

6. Signature - Agent
 X

7. Date of Delivery
 7-21-84

8. Addressee's Address (ONLY if requested and fee paid)



DOMESTIC RETURN RECEIPT

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 Margaret E. Devous
 81451 Gallatin Rd
 Gallatin Gateway, Mt 59730

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Margaret E. Devous*

6. Signature - Agent
 X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)



DOMESTIC RETURN RECEIPT

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 Darrell & Edith Randell
 81401 Gallatin Rd
 Gallatin Gateway, Mt 59715

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X Mrs. Darrell Randell

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 Thomas Lesley
 % Leona Frank Dahl
 2806 3rd Ave. S.
 Great Falls, Mt 59405

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Leona's Dahl*

6. Signature - Agent
X

7. Date of Delivery
X July 23 1984

8. Addressee's Address (ONLY if requested and fee paid)

X
2806 3rd Ave S.



DOMESTIC RETURN RECEIPT