

Road Petition 716

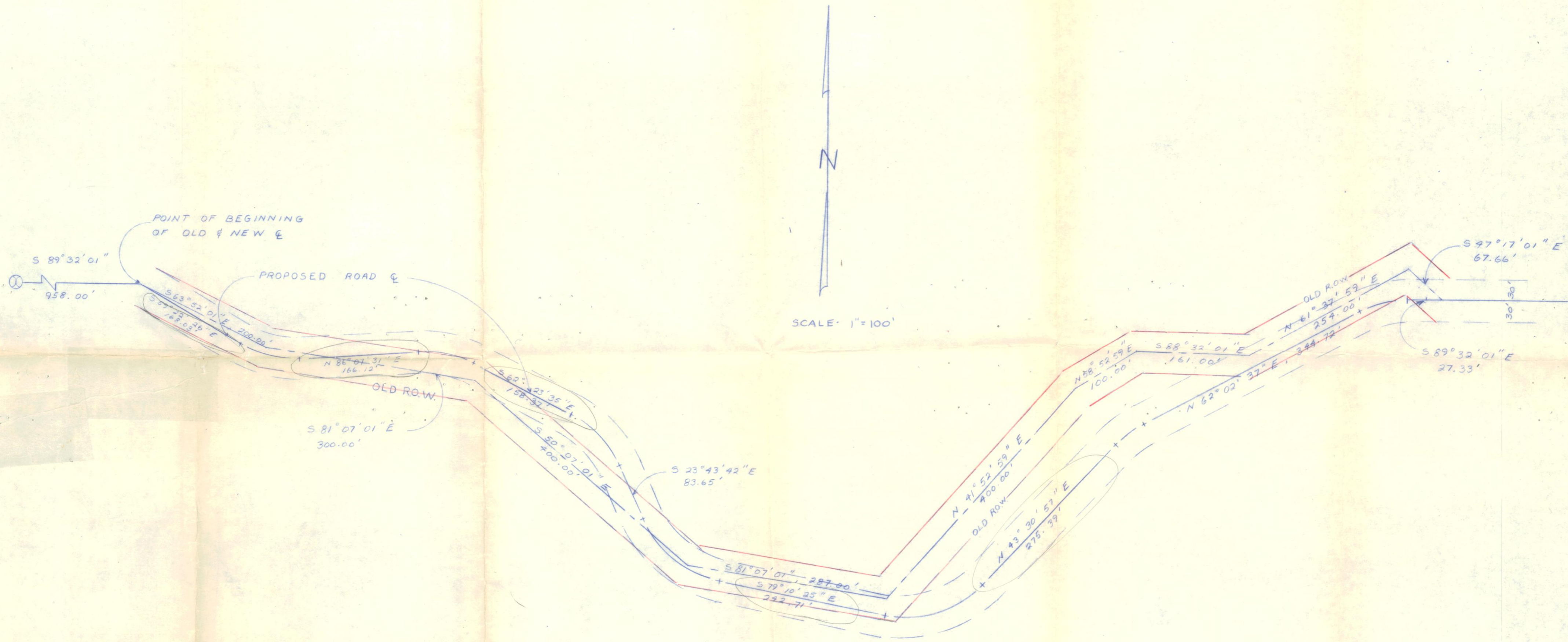
Changes in Forswall

Road. Granted

8/26/86

Comm Book 41

Comm Page 542



David Levengood 586 5218 -  
586 02840

PETITION TO ABANDON A PORTION OF A COUNTY ROAD

To the Honorable Board of  
County Commissioners for  
Gallatin County, Montana

Dear Members:

We the undersigned free holders of Gallatin County, Montana, taxable herein for road purposes, do hereby petition your Honorable Body, pursuant to Section 7-14-2601-MCA to abandon a portion of the Forswall Road and open a new section as more particularly described as follows:

Road to be abandon

1. Old ROW - Forswall Road - Right-of-Way to be Abandoned  
A tract of land located within Section 19, Township 1 North, Range 6 East of the Principal Meridian of Montana, Gallatin County, Montana, lying 30.00 feet on either side of the following described centerline. Commencing at the West Quarter corner of said Section 19. Thence South 89 degrees 32'01" East along the East-West centerline of said Section 19, a distance of 958.00 feet to the True Point of Beginning. Thence South 63 degrees 52'01" East, a distance of 200.00 feet. Thence South 81 degrees 07'01" East, a distance of 300.00 feet. Thence South 50 degrees 07'01" East, a distance of 400.00 feet. Thence South 81 degrees 07'01" East, a distance of 287.00 feet. Thence North 41 degrees 52'59" East, a distance of 400.00 feet. Thence North 58 degrees 52'59" East, a distance of 100.00 feet. Thence South 88 degrees 32'01" East, a distance of 161.00 feet. Thence North 61 degrees 37'59" East, a distance of 254.00 feet. Thence South 47 degrees 17'01" East, a distance of 67.66 feet to a point on the East-West centerline of said Section 19, said point being the end of the right-of way to be abandoned.

Road to Be Opened

1. New ROW - Forswall Road - Right -of-Way to be Opened  
A tract of land located within Section 19, Township 1 North, Range 6 East of the Principal Meridian of Montana, Gallatin County, Montana, lying 30.00 feet on either side of the following described centerline. Commencing at the West Quarter corner of said Section 19. Thence South 89 degrees 32'01" East along the East-West centerline of said Section 19, a distance of 958.00 feet to the True point of beginning. Thence South 89 degrees 32'01" East along the East-West centerline of said Section 19, a distance of 18.98 feet. Thence South 59 degrees 22'26" East, a distance of 168.03 feet. Thence along a 150.00 foot radius curve to the left, through a central angle of 34 degrees 30'03", an arc distance of 90.32 feet. Thence North 86 degrees 07'31" East, a distance of 166.12 feet. Thence along a 150.00 foot radius curve to the right, through a central angle of 31 degrees 28'54", an arc distance of 82.42 feet. Thence South 62 degrees 23'35" East, a distance of 158.37 feet. Thence along a 150.00 foot radius curve to the right, through a central angle of 38 degrees 39'52", an arc distance of 101.22 feet. Thence South 23 degrees 43'42" East, a distance of 83.65 feet. Thence along a 150.00 foot curve to the left, through a central angle of 55 degrees 26'43", an arc distance of 145.16 feet. Thence South 79 degrees 10'25" East, a distance of 242.71 feet. Thence along a 150.00 foot radius curve to the left, through a central angle of 57 degrees 18'38", an arc distance of 150.04 feet. Thence North 43 degrees



**CERTIFICATE OF THE COUNTY CLERK AND RECORDER  
RELATING TO  
QUALIFICATIONS OF THE SIGNERS**

**Statement of Purpose:**

To abandon a portion of the Forswall Rd and open a new section.

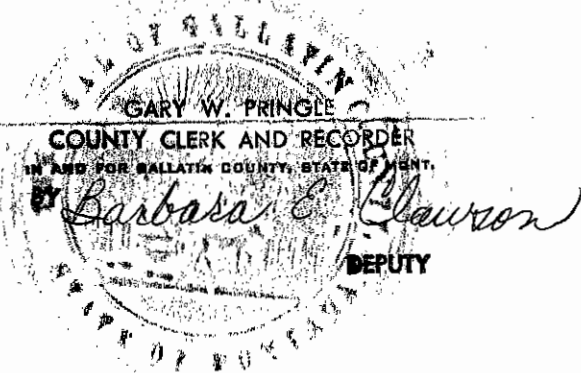
**Legal Description:**

As per attached petition

**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 and Recorder for Gallatin County, State of Montana; that I have examined the petition to which this certificate is attached, and that pursuant to Section 7-14-2601 M.C.A. \_\_\_\_\_, it contains the signatures of 10 freeholders in 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, State of Montana, this 19 day of August 19 86, A.D.



**Gary W. Pringle**  
Clerk and Recorder for  
Gallatin County, State  
of Montana

State of Montana

*County of Gallatin*

Bozeman



August 22, 1986

Gallatin County Commission  
County Courthouse  
Bozeman, Montana 59715

Re: Forswall Road

Dear Commissioners:

We the undersigned, being duly appointed as Viewing Board viewed the portion of Forswall Road to be abandon and the portion of the road to be opened.

The proposed road changes would improve the road alignment. By changing the road, safety will be greatly improved for the public.

The Viewing Board sees an immediate benefit to the County and hereby recommends that the petition to close one portion and open another portion as a county road be accepted.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ramon S. White".

Ramon S. White  
County Commission

A handwritten signature in cursive script, appearing to read "Richard Mc Clue".

Richard Mc Clue  
County Surveyor

VB:pn

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, Ray White, County Commissioner and Richard Mc Clue, County Surveyor on Road Petition No. 716 to abandon a portion of Forswall Road and open another section.

The proposed road changes would improve the road alignment. By changing the road safety will be greatly improved for the public.

The Viewing Board sees an immediate benefit to the county and hereby recommends that the petition be approved.

A hearing on the above matter has been set by the Board of County Commissioners for Tuesday the 26th day of August, 1986 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.

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

Sincerely,

*Gale Thompson*  
\_\_\_\_\_  
Road Office Supervisor

GT:pn

State of Montana

*County of Gallatin*

Bozeman



NOTICE TO PETITIONERS & ADJOINING LANDOWNERS

This is to notify you that the Board of Commissioners held a hearing on Tuesday the 26th day of August, 1986 on Road Petition Number 716 to abandon a portion of Forswall Road and open another section.

A hearing was held and the petition was granted.

Sincerely,

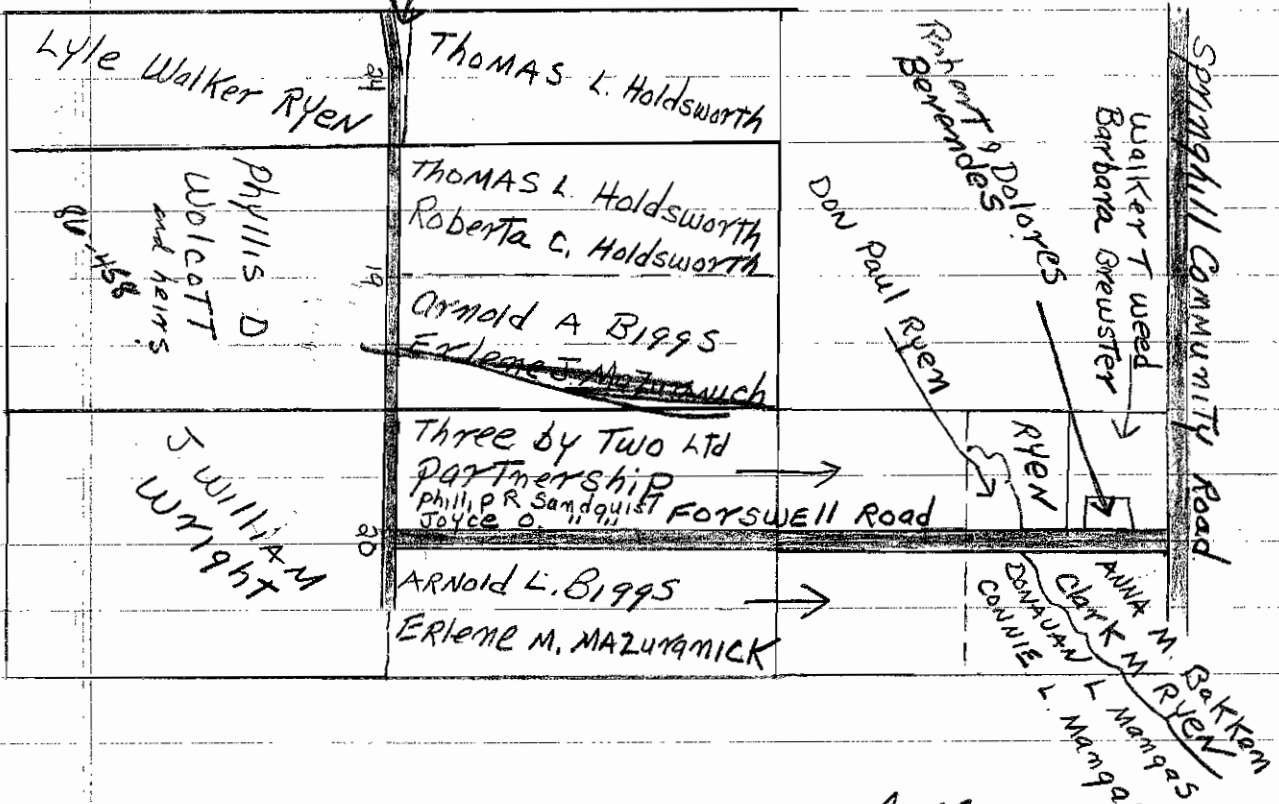
*Gale Thompson*  
Road Office Supervisor

GT:pn



Forswell Road  
Gallatin Co

23-235



Lyle Walker Ryan  
8680 Walker Rd  
Belgrade, MT 59714

Phillip R & Joyce O  
Sandquist.

Three by two ltd Partnership  
1503 South Grand  
Bozeman, Montana  
59715

Phyllis D Wolcott  
7A Gallatin Dr  
Bozeman, Mont 59715

Tom & Roberta Holdsworth  
9042 Walker Rd  
Belgrade, Mont 59714

J. William Wright  
6433 Springhill Community Rd  
Belgrade, Montana 59714

Arnold & Betty Biggs  
8370 Forswell Rd  
Belgrade, MT 59714

## Affidavit

STATE OF MONTANA  
SS:  
COUNTY OF GALLATIN

Anne Koentopp, residing at Belgrade, Montana, County of Gallatin, State of Montana, being duly sworn, says she 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 .....1..... consecutive weeks, commencing on the 20 day of Aug., 19 86

Anne E. Koentopp Principal Clerk

Sworn to before me this 21<sup>ST</sup> day of August, 19 86

Keith A. Klingenberg  
KEITH A. KLINGENBERG  
NOTARY PUBLIC  
Residing at Belgrade, Montana  
My Commission Expires May 3, 1988

Notary Public, Gallatin County, Montana

**LEGAL NOTICE**  
This is to notify the public that the Board of County Commissioners are holding a hearing on road petition No. 715 on the 28th day of August, 1986 at 1:30 p.m. to abandon one section of county road and open a second section and being more particularly described as follows:

Road to be abandoned:  
1. Old ROW - Foxwall Road - Right-of-Way to be Abandoned. A tract of land located within Section 19, Township 1 North, Range 6 East of the Principal Meridian of Montana, Gallatin County, Montana, lying 30.00 feet on either side of the following described centerline. Commencing at the West Quarter corner of said Section 19. Thence South 89 degrees 32'01" East along the East-West centerline of said Section 19, a distance of 963.00 feet to the True Point of Beginning. Thence South 83 degrees 32'01" East, a distance of 200.00 feet. Thence South 81 degrees 07'01" East, a distance of 300.00 feet. Thence South 50 degrees 07'01" East, a distance of 400.00 feet. Thence South 81 degrees 07'01" East, a distance of 287.00 feet. Thence North 41 degrees 52'59" East, a distance of 400.00 feet. Thence North 38 degrees 52'59" East, a distance of 100.00 feet. Thence South 88 degrees 32'01" East, a distance of 161.00 feet. Thence North 61 degrees 37'59" East, a distance of 254.00 feet. Thence South 47 degrees 17'01" East, a distance of 87.66 feet to a point on the East-West centerline of said Section 19, said point being the end of the right-of-way to be abandoned.

Road To Be Opened  
1. New ROW - Foxwall Road - Right-of-Way to be Opened. A tract of land located within Section 19, Township 1 North, Range 6 East of the Principal Meridian of Montana, Gallatin County, Montana, lying 30.00 feet on either side of the following described centerline. Commencing at the West Quarter corner of said Section 19. Thence South 89 degrees 32'01" East along the East-West centerline of said Section 19, a distance of 963.00 feet to the True Point of Beginning. Thence South 83 degrees 32'01" East along the East-West centerline of said Section 19, a distance of 18.88 feet. Thence South 59 degrees 27'26" East, a distance of 102.08 feet. Thence along a 150.00 foot radius curve to the left, through a central angle of 34 degrees 30'03", an arc distance of 80.32 feet. Thence North 96 degrees 07'31" East, a distance of 166.12 feet. Thence along a 150.00 foot radius curve to the right, through a central angle of 31 degrees 28'54", an arc distance of 82.42 feet. Thence South 63 degrees 23'36" East, a distance of 158.37 feet. Thence along a 150.00 foot radius curve to the right, through a central angle of 38 degrees 39'33", an arc distance of 101.22 feet. Thence South 23 degrees 49'49" East, a distance of 83.65 feet. Thence along a 150.00 foot curve to the left, through a central angle of 55 degrees 26'45", an arc distance of 145.16 feet. Thence South 79 degrees 10'25" East, a distance of 282.71 feet. Thence along a 150.00 foot radius curve to the left, through a central angle of 57 degrees 18'38", an arc distance of 150.04 feet. Thence North 43 degrees 39'57" East, a distance of 275.89 feet. Thence along a 150.00 foot radius curve to the right, through a central angle of 18 degrees 51'40", an arc distance of 48.21 feet. Thence North 62 degrees 02'37" East, a distance of 344.72 feet. Thence along a 150.00 foot radius curve to the right, through a central angle of 28 degrees 25'29", an arc distance of 74.41 feet to a point on the East-West centerline of said Section 19. Thence South 88 degrees 32'01" East-West Centerline of said Section 19, a distance of 27.83 feet to the end of the right-of-way to be described.  
Publish Aug. 28, 1986

8-21-86  
Mailed  
8-21-86

P 122 150 036

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Joni + Robert Haddenworth	
Street and No.	9042 Walker Rd
P.O. State and ZIP Code	Belgrade, MT 59714
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	8-21-86

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

8-21-86  
Mailed

P 122 150 039

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Dale Walker Ryan	
Street and No.	8680 Walker Rd.
P.O. State and ZIP Code	Belgrade, MT 59714
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	8-21-86

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

8-21-86  
Mailed

P 122 150 040

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Phyllis D. Wodeck	
Street and No.	2A Galleria Dr
P.O. State and ZIP Code	Belgrade, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	8-21-86

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

P 122 150 042

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
Donald + Betty Bezzo	
Street and No.	8370 Farnwell Rd
P.O. State and ZIP Code	Belgrade, MT 59714
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	8-21-86

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

P 122 150 043

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
William R. + Janet Lundquist	
Street and No.	Three Lakes Old Partnership
P.O. State and ZIP Code	15036 Strand
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	8-21-86

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

P 122 150 052

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
William Wright	
Street and No.	6433 Springhill Community Rd
P.O. State and ZIP Code	Belgrade, MT 59714
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	8-21-86

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

AUG 29 1986

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	
William Wright	
Street and No.	6433 Springhill Community Rd
P.O. State and ZIP Code	Belgrade, MT 59714
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	8-21-86

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

P 122 150 050

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Phillip &amp; Angela Lombardi</i>	Postage	\$
Street and No. <i>1503 South Strand</i>	Certified Fee	
P.O. State and ZIP Code <i>Spangon, MT 59715</i>	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		<b>AUG 29 1986</b>

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

P 122 150 049

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Gale Walker Ryan</i>	Postage	\$
Street and No. <i>8680 Walker Road</i>	Certified Fee	
P.O. State and ZIP Code <i>Belgrade, MT 59714</i>	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		<b>AUG 29 1986</b>

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

P 122 150 048

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Arnold &amp; Betty Sugg</i>	Postage	\$
Street and No. <i>8316 Forswall Road</i>	Certified Fee	
P.O. State and ZIP Code <i>Belgrade, MT 59715</i>	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		<b>AUG 29 1986</b>

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

P 122 150 051

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Phillip D. Woodcott</i>	Postage	\$
Street and No. <i>7th Delatorre Dr</i>	Certified Fee	
P.O. State and ZIP Code <i>Spangon, MT 59715</i>	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		<b>AUG 29 1986</b>

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

P 122 150 053

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to <i>Jan + Roberta Holdsworth</i>	Postage	\$
Street and No. <i>9842 Walker Road</i>	Certified Fee	
P.O. State and ZIP Code <i>Belgrade, MT 59714</i>	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		<b>AUG 29 1986</b>

\* U.S.G.P.O. 1984-446-014 PS Form 3800, Feb. 1982

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery.

3. Article Addressed to:  
Phyllis D. Wolcott  
7A Hallatin Dr  
Belgrade, MT 59715

4. Article Number  
P-122-150-040

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

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

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

5. Signature - Addressee  
X *Phyllis D. Wolcott*

6. Signature - Agent  
X

7. Date of Delivery  
X *8/22/86*

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery.

3. Article Addressed to:  
Tom & Roberta Holdsworth  
9042 Walker Rd  
Belgrade, MT 59714

4. Article Number  
P-122-150-038

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

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

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

5. Signature - Addressee  
X

6. Signature - Agent  
X *Mrs. J. Holdsworth*

7. Date of Delivery  
X *8/22/86*

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

**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:  
Arnold & Betty Biggs  
8370 Forward Rd  
Belgrade, MT 59714

4. Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

Article Number  
122 150 042

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

5. Signature - Addressee  
X *Betty Biggs*

6. Signature - Agent  
X

7. Date of Delivery  
X *8/22/86*

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

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery.

3. Article Addressed to:  
J. William Wright  
6433 Springfield Community Rd  
Belgrade, MT 59714

4. Article Number  
P-122-150-041

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

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

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

5. Signature - Addressee  
X *J. William Wright*

6. Signature - Agent  
X

7. Date of Delivery  
X *8/22/86*

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery.

3. Article Addressed to:  
 Lyde Walker Ryan  
 8480 Walker Road.  
 Selgrade, MT 59714

4. Article Number: P122150039

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee: *[Signature]*  
 X  
 6. Signature - Agent: *[Signature]*  
 X  
 7. Date of Delivery: 8/25/86

PS Form 3811, Feb. 1986

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery.

3. Article Addressed to:  
 Phyllis D. Wolcott  
 7A Tallatur Dr.  
 Szeeman, MT 59715

4. Article Number: P122150051

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee: *[Signature]*  
 X  
 6. Signature - Agent: *[Signature]*  
 X  
 7. Date of Delivery:

PS Form 3811, Feb. 1986

**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:  
 Phillip R & Joyce O Sandquist  
 Three by Two LTD Partnership  
 1503 South Grand  
 Szeeman, MT 59715

4. Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

Article Number: P122150050

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: *[Signature]*  
 X  
 6. Signature - Agent: *[Signature]*  
 X  
 7. Date of Delivery: 8/30/86  
 8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-945

**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:  
 Phillip R & Joyce O Sandquist  
 Three by Two LTD Partnership  
 1503 South Grand  
 Szeeman, MT 59715

4. Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

Article Number: P122150043

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: *[Signature]*  
 X  
 6. Signature - Agent: *[Signature]*  
 X  
 7. Date of Delivery: AUG 25 1986  
 8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, July 1983 447-945

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery.

3. Article Addressed to: <i>Lyle Walker Ryan 8680 Walker Road Belgrade, MT 59714</i>	4. Article Number <i>P122 150 049</i>
	Type of Service: <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 <b>DATE DELIVERED.</b>	
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Lyle Ryan</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> <i>[Signature]</i>	
7. Date of Delivery <i>9/2/86</i>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery.

3. Article Addressed to: <i>J. William Wright 6433 Springhill Community Road Belgrade, MT 59714</i>	4. Article Number <i>P122 150 052</i>
	Type of Service: <input checked="" 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 <b>DATE DELIVERED.</b>	
5. Signature - Addressee <input checked="" type="checkbox"/> <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> <i>[Signature]</i>	
7. Date of Delivery <i>[Signature]</i>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

**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: <i>Arnold &amp; Betty Biggs 8370 Forswall Road Belgrade, MT 59714</i>	4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	4. Article Number <i>P122 150 048</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
6. Signature - Agent <input checked="" type="checkbox"/> <i>[Signature]</i>			7. Date of Delivery <i>[Signature]</i>
8. Addressee's Address (ONLY if requested and fee paid)			

PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

GALLATIN COUNTY ROAD DEPT.  
P.O. BOX 1905  
BOZEMAN, MONTANA 59715

RE U N L D TO SENDER



BELGRADE

REASON CHECKED  
UNCLAIMED  REFUSED  
ADDRESSEE UNKNOWN  
MOVED, LEFT NO ADDRESS  
NO SUCH STREET NUMBER  
FORWARDING TIME EXPIRED  
POSTAGE DUE  
DO NOT REMAIN IN THIS ENVELOPE

MONT: 59714

CERTIFIED  
P 122 150 053  
MAIL

Claim Check No. 897272  
1981  
1673

Hold

Date

Aug 30  
1ST Notice

2ND Notice

Sept. 17  
Return

Tom & Roberta Holdsworth  
9042 Walker Road  
Belgrade, Mt 59714

Detached from  
PS Form 3849-A,  
Oct. 1985

SEP 14



**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery.

3. Article Addressed to:  
*John + Roberta Halliwell*  
*9042 Walker Road*  
*Belgrade, NH 05714*

4. Article Number  
*P122150053*

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD

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

5. Signature - Addressee  
*X*

6. Signature - Agent  
*X*

7. Date of Delivery

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

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT