

Petition 740
1st Folder
granted Feb 5, 1991

MONFORTON ROAD

Comm Book 42 Page 372

PETITION TO CHANGE STATUS OF COUNTY

ROAD FROM USE TO PETITIONED

To the Honorable Board of
County Commissioners
Gallatin County, Montana

Dear Members:

We the undersigned freeholders of Gallatin County, Montana taxable herein for road purposes do hereby petition the Board of County Commissioners, pursuant to section 7-14-2601, MCA to change the status of Monforton Road from use to a petition county road 60 feet in width and being more particularly described as follows:

Beginning at the intersection of Monforton Road and State Highway 191 in section 12, Township 2 South, Range 4 East, which is also the point of beginning for changing status of road; thence North 0 degrees 01 minute West for 464.4 feet; thence North 1 degree 08 minutes East for 4966 feet; thence North 9 degrees 32 minutes for 459 feet; thence North 11 degrees 48 minutes East for 500 feet; thence North 2 degrees 18 minutes East for 1800 feet; thence North 1 degree 49 minutes East for 2486 feet.

1. Total distance to be changed is 2.02 miles more or less.
2. Monforton Road is shown in red on the attached drawing.
3. The necessity for and the advantage of the petitioned action as described above is as follows:
 - a. To change the status of road from use to a 60' petition road would define the right of way for future construction.

PRINT Last Name	Signature	Date	Description of Land Owned by Petitioners
✓ Darwin C	<i>[Signature]</i>		5304 Monforton Sch Rd
✓ Jerry	<i>[Signature]</i>		5073 Monforton Sch Rd
✓ Joseph	<i>[Signature]</i>		6187 Monforton Sch Rd
✓ Myrtle	<i>[Signature]</i>		6187 Monforton Sch Rd
✓ W Wright	<i>[Signature]</i>		4642 Monforton Sch Rd
✓ Joe	<i>[Signature]</i>		5044 Monforton Sch Rd
✓ Frances J	<i>[Signature]</i>		5044 Monforton Sch Rd
✓ Ed	<i>[Signature]</i>		5337 Monforton Sch Rd
✓ CAMPBELL	<i>[Signature]</i>		4826 Monforton Sch Rd
✓ Pamela	<i>[Signature]</i>		8003 Pinen Place
✓ Ger	<i>[Signature]</i>		759 E Bayter

P 2 SOUTH, RANGE 4 EAST

TER LANE EAST

4280

258

762

782	798	846
4366	4365	
4496	4495	
4526	4525	
4550	4555	
4572	4671	
4642		
4722	4721	
	4751	
	4791	

4617

5000

5044

5073

352

452

555

5250

350

450

553

348

448

565

446

MONFORTON SCHOOL ROAD

5601

12

MALLARD LANE

MIDDLE CREEK

MEADOWS

80

72

CHEIF

83

64

56

48

40

24

25

11

87

5937

5933

5931

5935

6053

6055

6105

6187

6160

8271

8249

8289

FFINE LANE

6310

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

Statement of Purpose: To change the status of Monforton Road from use to a petitioned County Road.

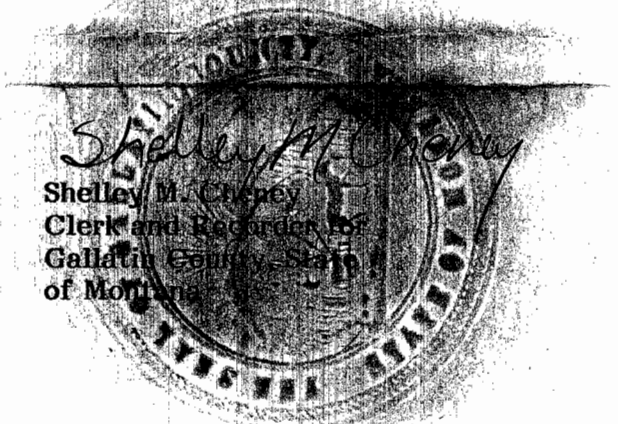
Legal Description:

Beginning at the intersection of Monforton Road and State Highway 191 in section 12, Township 2 South, Range 4 East, which is also the point of beginning for changing status of road; thence North 0 degrees 01 minute West for 464.4 feet; thence North 1 degree 08 minutes East for 4966 feet; thence North 9 degrees 32 minutes for 459 feet; thence North 11 degrees 48 minutes East for 500 feet; thence North 2 degrees 18 minutes East for 1800 feet; thence North 1 degree 49 minutes East for 2486 feet.

STATE OF MONTANA)
) ss
County of Gallatin)

I, Shelley M. Cheney, do hereby certify that I am the 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. 1989, 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 3rd day of January 19 91, A.D.



State of Montana

County of Gallatin

Bozeman

January 17, 1991



NOTICE TO THE PAPER

This is to notify the public that the Board of County Commissioners is holding a hearing on Road Petition Number 740 on the 5th day of february, 1991, at 1:30 p.m.. In the Community Room of the courthouse. This petition is to change the status of Monforton Road from use to a petition county road 60 feet in width. Total distance of Monforton Road is 2.02 miles more or less.

The reason to change the status of the road is too define the right of way for future construction.

Affidavit

STATE OF MONTANA
 SS:
 COUNTY OF GALLATIN

Devon Ann Sorlie, 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 .../...consecutive week(s), commencing on the 31 day of Jan, 19 91.

Devon Ann Sorlie Principal Clerk

Sworn to before me this 31 day of Jan, 19 91

Devon Ann Sorlie Notary Public, Gallatin County, Montana
 Notary Public, State of Montana

Residing at: Gallatin
 My Commission expires: 7-7-92

PUBLIC NOTICE

PUBLIC NOTICE

This is to notify the public that the Board of County Commissioners is holding a hearing on Road Petition Number 749 on the 5th day of February, 1991 at 1:30 p.m. in the Community Room of the courthouse. This petition is to change the status of Montforton Road from use to a petition county road 80 feet in width. The distance of Montforton Road is 2.02 miles more or less.

The reason to change the status of the road is to define the right of way for future construction.

Published 1/31/91

State of Montana

County of Gallatin

Bozeman



January 21, 1991

Board of County Commissioners
Gallatin County
Bozeman, MT 59715

Dear Board:

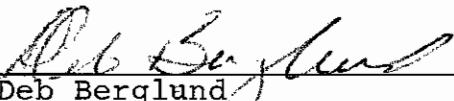
On January 18, 1991, the undersigned, being duly appointed as viewing committee, viewed Monforton Road located in Sections 1 and 12, Township 2 South, Range 4 East, M.P.M., Gallatin County, Montana, which has been petitioned to be a petitioned county road rather than a road by use.


The viewing committee has the following comments for your consideration:

1. Monforton road is a 24' traveled way with no current right of way to maintain the road. The road is also a school bus route.
2. It would be in the public's interest, safety, and welfare to allow this road to become a petitioned road in order to straighten the road and widen bridges which will provide for a safer road.
3. If Monforton Road were to become a petitioned county road which would be 60' wide, it may possibly alleviate future litigation.
4. There would create no undo hardships to adjacent land-owners as fence lines are 30' off of the centerline of Monforton Road at the present time.

The viewing committee recommends that the status of Monforton Road lying in Section 1 and 12, Township 2 South, Range 4 East, M.P.M., Gallatin County, Montana, be changed from a road by use to a petitioned county road.

Sincerely,


Deb Berglund
County Commissioner


Shelley M. Cheney
Clerk & Recorder/Surveyor

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 concerning the status of Monforton Road, on road petition number 740. This petition is to change the status of Monforton Road from a road of use to a petitioned county road.

A hearing on the above has been set by the Board of County Commissioners for Tuesday the 5th day of February, 1991 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 this 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 24th day of January 1991 at Bozeman, Montana.

Sincerely,

Gale Thompson
Gale Thompson
Office Manager
Road Office

GT:gt

cc: Report of the Board of Viewers

State of Montana

County of Gallatin

Bozeman

February 6, 1991



NOTICE TO PETITIONERS & ADJOINING LANDOWNERS

This is to notify you that the Board of County Commissioners held a hearing on Road Petition Number 740. This petition was to change the status of Monforton Road from use to a petition county road. The Board of County Commissioners granted the petition at the public hearing on the 5th day of February 1991.

Sincerely,

Gale Thompson
Gale Thompson
Road Office Manager

GT:gt

list of land owners along Monforton Road

- | | |
|---|--|
| ✓ Mr. Mrs. Ralph Porter
8270 Huffine Lane
Bozeman, Montana 59715 | ✓ Mr. & Mrs Darwin Dean
6105 Monforton Rd.
Bozeman, Montana 59715 |
| ✓ Mr. & Mrs. George Gates
5553 Monforton Road
Bozeman, Montana 59715 | ✓ Loretta C. Turner
103 Big Chief Trail
Bozeman, Montana 59715 |
| ✓ Middle Creek Farms
8289 Huffine Lane
Bozeman, Montana 59715 | ✓ Mr. & Mrs. Dennis Arsenault
5931 Monforton Road
Bozeman, Montana 59715 |
| ✓ Mr. & Mrs. Phillip Frey
5803 Monforton Road
Bozeman, Montana 59715 | ✓ Mr. & Mrs. Richard Adams
8249 Huffine Lane
Bozeman, Montana 59715 |
| ✓ Mr. & Mrs. David McCormick
1050 Cobb Hill Road
Bozeman, Montana 59715 | ✓ Mr. John A Wright
4642 Monforton Road
Bozeman, Montana 59715 |
| ✓ Mr. & Mrs. William B. Hebrom, Jr.
4572 Monforton Road
Bozeman, Montana 59715 | ✓ Stephanie L. Campbell
308 South Third
Bozeman, Montana 59715 |
| ✓ Mr. & Mrs. ^{Dennis} Debra Dehman
5073 Monforton Road
Bozeman, Montana 59715 | ✓ ^{and Mrs?} Mr. Paul F. Boylan
308 South 19th
Bozeman, Montana 59715 |
| ✓ Ms Alyce Mae Novogratz
5921 Bonnie Brea Dr.
Edina, Minn. 55435 | ✓ Mr. & Mrs. James A Bogen
4550 Monforton Road
Bozeman, Montana 59715 |
| ✓ Mr. Darwin C. Lehfeldt
4430 River Road
Bozeman, Montana 59715
BELGRADE, | ✓ Mr. & Mrs. Joseph Reller, Sr.
5044 Monforton Road
Bozeman, Montana 59715 |
| ✓ Ms Marie Wilson
1315 South Montana
Bozeman, Montana 59715 | ✓ Mr. & Mrs. Centa
798 Baxter Lane
Bozeman, Montana 59715 |
| ✓ Mr. & Mrs. Frank Hollenback
1102 South Willson
Bozeman, Montana 59715 | ✓ Monforton School District
6001 Monforton Road
Bozeman, Montana 59715 |
| ✓ Mr & Mrs. Joe Yurek
6187 Monforton Road
Bozeman, Montana 59715 | Mr. B. Parkel
Address Unknown |

Tri-Hil Industrial Park
P. O. Box 1709
Great Falls, Mt 59403
(406) 761-2887
Mt. Toll Free:
1-800-332-9847



1271 North Derrick Drive
P. O. Box 340
Casper, Wyoming 82602
(307) 472-1818
Wyo. Toll Free:
1-800-442-3364

2251 West Broadway
P. O. Box 7968
Missoula, MT 59807
(406) 728-5980
Mt. Toll Free:
1-800-621-2286

4 Bowker Road
P. O. Box 1848
Rock Springs, Wyoming 82902
(307) 362-9073

1124 MAIN STREET • P.O. BOX 1298 • BILLINGS, MT 59103
Phone: 406/245-3188 • MT Toll Free: 1-800-332-7075

HEAVY EQUIPMENT SALES • RENTALS • PARTS • SERVICE

Norman C. Zehfeldt ⁵³⁰⁴ _{Manhattan}
Dennis L. Dehmer ⁵⁰⁷³ _{Sh Rd}
~~Joe~~ Joseph Yurek ⁶¹⁸⁷ _{Manhattan}
Myrtle Yurek
W. Wright 4642
Ed Wendell
Joe Keller
Francis Keller
Cambell
Lot 10 ^{previews} L.
Ronald B Tobias
George L. Boylan 759 Baxter

Commissioners -
for your review -
this item has been
scheduled for Feb
5th - Public Meeting
per Ball Thompson.
Please return to me!

Cathy
1-7-91

P 674 347 061

Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
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RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

P 787 078 614

Sent to	MR & MRS PHILIP FREY
Street and No.	580 3 MONFORTON RD
P.O. State and ZIP Code	BOZEMAN MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

Sent to	MR & MRS GEORGE GATES
Street and No.	553 MANFORD RD
P.O. State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985

Sent to	Mr & Mrs. Ralph Porter
Street and No.	8270 Huffel Lane
P.O. State and ZIP Code	BOZEMAN, Montana
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	

PS Form 3800, June 1985

Sent to	Mrs Mrs Joe Yurek
Street and No.	6187 Monforton Rd
P.O. State and ZIP Code	BOZEMAN, MONT
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	

PS Form 3800, June 1985

P 546 273 666

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

Sent to	Mr & Mrs. Ralph Porter
Street and No.	8270 Huffel Lane
P.O. State and ZIP Code	BOZEMAN, Montana
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	

PS Form 3800, June 1985

P 674 347 062



Certified Mail Receipt
No Insurance Coverage Provided
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(See Reverse)

Sent to	MIDDLE CREEK FARMS
Street & No.	8289 HUFFIN LN.
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 063



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	MR & MRS DAVID McCORMICK
Street & No.	1050 Cobb Hill Rd.
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 064



Certified Mail Receipt
No Insurance Coverage Provided
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Sent to	MR & MRS WILLIAM HEROM, JR
Street & No.	4572 MONFORTON RD
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 068

Certified Mail Receipt
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Sent to	MS MARE WILSON
Street & No.	1315 SOUTH MONTANA
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 067

Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	MR DARWIN LEHFELDT
Street & No.	4430 RIVER ROAD
P.O., State & ZIP Code	BOZEMAN, MT 59714
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 066

Certified Mail Receipt
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(See Reverse)



Sent to	Mrs ALICE MAE NUOBATZ
Street & No.	6421 BONNIE BREA DR
P.O., State & ZIP Code	EDINA, MN 55435
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 065

Certified Mail Receipt
No Insurance Coverage Provided
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(See Reverse)



Sent to	MR & MRS DENNIS DEHMAN
Street & No.	4073 MONFORTON RD
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 069



Certified Mail Receipt
No Insurance Coverage Provided
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(See Reverse)

Sent to	MR & MRS FRANK HELLENBACK
Street & No.	1102 SOUTH WILSON
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 070



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	MR & MRS DARWIN DEAN
Street & No.	6105 Monforton Road
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 071



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	MR & MRS DENNIS ARSENAULT
Street & No.	6431 MONFORTON RD
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 075

Certified Mail Receipt
No Insurance Coverage Provided
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(See Reverse)



Sent to	STEPHANIE CAMPBELL
Street & No.	308 S. THIRD
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 074

Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	MR JOHN AUWEIGHT
Street & No.	442 MONFORTON RD
P.O., State & ZIP Code	BOZEMAN, MT
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 073

Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	MR & MRS RICHARD ADAMS
Street & No.	824 HUFFINE LANE
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 072

Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	LORETTA C. TURNER
Street & No.	103 BIG CHIEF TRAIL
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 076



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	MR & MRS PAUL F. BOYLAN
Street & No.	308 S. 19th
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 078



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	MR & MRS JAMES A. BOGEN
Street & No.	4550 MONFORTON RD.
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 079



Certified Mail Receipt
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	MR & MRS JOSEPH PELLER, SR.
Street & No.	5044 MONFORTON ROAD
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 787 078 610
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Paul F. Boylars
Street and No.	3747 South 19th
P.O. State and ZIP Code	Bozeman, mt
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	

PS Form 3800, June 1985

P 787 078 616
RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to	Jane A. Boyer
Street and No.	4550 Maple St A
P.O. State and ZIP Code	Bozeman, Mont
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	

PS Form 3800, June 1985

P 674 347 081
Certified Mail Receipt
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Sent to	MONFORD SCHOOL DIST.
Street and No.	601 MONFORD RD
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 674 347 080
Certified Mail Receipt
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Sent to	MRS MRS LOUISE CENTA
Street & No.	798 BAXTER LANE
P.O., State & ZIP Code	BOZEMAN, MT 59715
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1990

P 787 078 611

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

Sent to	Mrs Mrs Dennis Dehman
Street and No.	5073 Monforton Rd
P.O., State and ZIP Code	Bozeman, Mont
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	

PS Form 3800, June 1985

P 787 078 613

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

Sent to	Alyce Mae Nowograty
Street and No.	5921 Bonnie Brea Dr
P.O., State and ZIP Code	Edina, Minn 55435
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	

PS Form 3800, June 1985

P 787 078 612

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

Sent to	Mrs Marie Wilson
Street and No.	1315 S. Wilson
P.O., State and ZIP Code	Bozeman 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	

PS Form 3800, June 1985

P 546 273 677

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

Sent to	ME & MRS. WILLIAM HEBBORN
Street and No.	4572 MONFORTON ROAD
P.O. State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985

P 787 078 609

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

Sent to	Mr. Mrs. Darwin Jelfelt
Street and No.	4430 River Rd
P.O. State and ZIP Code	Bozeman, 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	

PS Form 3800, June 1985

P 787 078 608

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

Sent to	Mr. Mrs. Joseph Keller Sr
Street and No.	5044 Monforton Rd
P.O. State and ZIP Code	Bozeman, MT
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	

PS Form 3800, June 1985

P 787 078 607

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

Sent to	Mr. Lawrence W. Barclay
Street and No.	258 Baxter Rd East
P.O. State and ZIP Code	Bozeman, 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	

PS Form 3800, June 1985

P 546 273 678

RECEIPT FOR CERTIFIED MAIL

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

Sent to	MR JOHN A. WRIGHT
Street and No.	4642 MONFORTON ROAD
P.O. State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

P 546 273 679

RECEIPT FOR CERTIFIED MAIL

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

Sent to	MONFORTON School
Street and No.	6001 Monforton Rd
P.O. State and ZIP Code	Bozeman, MT
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	

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

P 546 273 680

RECEIPT FOR CERTIFIED MAIL

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

Sent to	Mr. Mrs Frank Hollenback
Street and No.	1102 South Willson
P.O. State and ZIP Code	Bozeman, 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	

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

P 546 273 671

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

Sent to	MIDDLE CREEK FARMS
Street and No.	8289 HUFFINE LANE
P.O., State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985
*U.S.G.P.O. 1989-234-555

P 546 273 676

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

Sent to	STEPHANIE L. CAMPBELL
Street and No.	308 SOUTH CHURCH
P.O., State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985
*U.S.G.P.O. 1989-234-555

P 546 273 675

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

Sent to	MR & MRS PHILIP FREY
Street and No.	5803 MONFORTON ROAD
P.O., State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985
*U.S.G.P.O. 1989-234-555

P 546 273 674

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

Sent to	MR & MRS RICHARD ADAMS
Street and No.	8429 HUFFINE LANE
P.O., State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985
*U.S.G.P.O. 1989-234-555

P 546 273 672

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

Sent to	MR & MRS DENNIS ARSENAULT
Street and No.	5131 MONFORTON ROAD
P.O., State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985
*U.S.G.P.O. 1989-234-555

P 546 273 673

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

Sent to	MR & MRS DAVID McORMICK
Street and No.	1080 CORB HILL ROAD
P.O., State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985
*U.S.G.P.O. 1989-234-555

P 546 273 669

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

Sent to	MR & MRS GEORGE & LORRAINE GATES
Street and No.	5553 MONFORTON ROAD
P.O., State and ZIP Code	BOZEMAN, 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	

PS Form 3800, June 1985
*U.S.G.P.O. 1989-234-555

P 005 774 559

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Mrs. Louis Centa
Street and No.	118 Bayter Road
P.O., State and ZIP Code	Bozeman, MT
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	

* U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

P 546 273 668

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Mrs. Darwin Dean
Street and No.	6105 Manforton Road
P.O., State and ZIP Code	Bozeman, 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	

* U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

P 546 273 667

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Mr. & Mrs. Ralph & Bernice Porter
Street and No.	8270 HUFFINE LANE
P.O., State and ZIP Code	Bozeman, 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	

* U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

P 546 273 670

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)


Sent to	LORRETTA C. TURNER
Street and No.	103 BIG CHIEF TRAIL
P.O., State and ZIP Code	BOZEMAN, 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	

* U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

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.

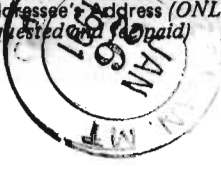
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR & MRS. DARWIN & LINDA DEAN 6105 MONFORTON ROAD BOZEMAN, MT 59715	4. Article Number P 546 273 608 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 DATE DELIVERED.
5. Signature - Addressee <i>X Linda Dean</i> 6. Signature - Agent <i>X</i> 7. Date of Delivery <i>12/19/87</i>	8. Addressee's Address (ONLY if requested and fee paid) 

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **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.

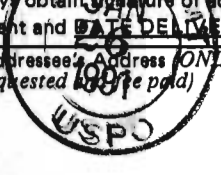
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: <i>Mr. & Mrs Darwin Gehfeldt</i> <i>4430 River Rd</i> <i>Bozeman, mt</i> <i>59715</i>	4. Article Number P 787 078 609 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 DATE DELIVERED.
5. Signature - Addressee <i>X Darwin Gehfeldt</i> 6. Signature - Agent <i>X</i> 7. Date of Delivery <i>1-26</i>	8. Addressee's Address (ONLY if requested and fee paid) 

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **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
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR AND MRS GEORGE AND LORRAINE GATES 5553 MONFORTON ROAD BOZEMAN, MT 59715	4. Article Number P 546 273 609 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 DATE DELIVERED.
5. Signature - Addressee <i>X Lorraine Gates</i> 6. Signature - Agent <i>X</i> 7. Date of Delivery <i>12/19/87</i>	8. Addressee's Address (ONLY if requested and fee paid) 

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **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
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR & MRS WILLIAM HEBBROM 4572 MONFORTON ROAD BOZEMAN, MT 59715	4. Article Number P 546 273 677 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 DATE DELIVERED.
5. Signature - Addressee <i>X W. Hebbrom</i> 6. Signature - Agent <i>X</i> 7. Date of Delivery <i>12/19/87</i>	8. Addressee's Address (ONLY if requested and fee paid) 

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **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. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to:
MIDDLE CREEK FARMS
8289 HUFFINE LANE
BOZEMAN, MT 59715

4. Article Number
P 546 273 671

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

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

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X

7. Date of Delivery
12/26/91

8. Addressee's Address (ONLY if requested and fee paid)
26
1991
USPO

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to:
LORETTA C. TURNER
103 BIG CHIEF TRAIL
BOZEMAN, MT 59715

4. Article Number
P 546 273 670

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

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

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
12/26/91

8. Addressee's Address (ONLY if requested and fee paid)
26
1991
USPO

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to:
MR & MRS RICHARD ADAMS
8429 HUFFINE LANE
BOZEMAN, MT 59715

4. Article Number
P 546 273 674

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

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

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
12/26/91

8. Addressee's Address (ONLY if requested and fee paid)
26
1991
USPO

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to:
MR JOHN A. WRIGHT
4642 MONFORTON ROAD
BOZEMAN, MT 59715

4. Article Number
P 546 273 678

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

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

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X


7. Date of Delivery
12/26/91

8. Addressee's Address (ONLY if requested and fee paid)
26
1991
USPO

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Mr. & Mrs. Joseph Keller, Sr. 5044 Monforton Rd. Bozeman, Mont 59715	4. Article Number P 787 078 608 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 DATE DELIVERED.	
5. Signature - Addressee X <i>Joe Keller</i>	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature - Agent X	
7. Date of Delivery 1/26/91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR. AND MRS. RALPH & BERNICE PORTER 8270 HUFFINE LANE BOZEMAN, MT 59715 Mrs. Ralph Porter	4. Article Number P 546 273 667 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 DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature - Agent X	
7. Date of Delivery 1/26/91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Paul F. Boylan 3747 South 19th Bozeman, Montana 59715	4. Article Number P 787 078 610 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 DATE DELIVERED.	
5. Signature - Addressee X <i>M. Boylan</i>	8. Addressee's Address (ONLY if requested and fee paid) 
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Mr. & Mrs. Frank Hollenback 1102 South Willson Bozeman, Montana 59715	4. Article Number P-546 273 680 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 DATE DELIVERED.	
5. Signature - Addressee X <i>Frank J Hollenback</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 1-26-91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 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. Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MonForton School 6001 MonForton Road Bozeman, Montana	4. Article Number P 546 273 679
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 DATE DELIVERED.	
5. Signature - Addressee <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery JAN 29 1991	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **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. Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Mr & Mrs James A. Bogen 4550 Monforton Rd Bozeman, Montana	4. Article Number P 787 078 616
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 DATE DELIVERED.	
5. Signature - Addressee <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 1/29/91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN REC'**

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. Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Mrs Marie Wilson 1315 South Montana Bozeman, Mont 59715	4. Article Number P 787-078-612
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 DATE DELIVERED.	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 1/29/91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Mr. & Mrs Louis Centa 798 Baxter Road Bozeman, Mont 59715	4. Article Number P 005 774 559
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 DATE DELIVERED.	
5. Signature - Addressee X Mrs. Louis Centa	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery <i>[Signature]</i>	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR & MRS. DAVID McCORMICK 1050 COBB HILL ROAD BOZEMAN, MT 59715	4. Article Number P546273673 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 DATE DELIVERED.	
5. Signature - Addressee X <i>David McCormick</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery JAN 30 1991	

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: alyce Mae Novograty 5921 Bonnie Brea Dr Edena, Minn 55435	4. Article Number P 787078 613 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 DATE DELIVERED.	
5. Signature - Addressee X <i>Alyce Mae Novograty</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 1/31/91	

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: STEPHANIE L. CAMPBELL 308 SOUTH CHURCH BOZEMAN, MONTANA 59715	4. Article Number P546273676 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 DATE DELIVERED.	
5. Signature - Addressee X <i>Stephanie L. Campbell</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery FEB - 1 1991	

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR. & MRS. FRANK HOLLEBACK 1102 SOUTH WILSON. BOZEMAN, MT 59715	4. Article Number 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 DATE DELIVERED.	
5. Signature - Addressee X <i>Marianne E. Holleback</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 	

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: MIDDLECREEK FARMS 8289 HUFFINE LANE BOZEMAN, MT 59715	4. Article Number P6743A7062 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
5. Signature - Addressee X Nancy A. Filikrena	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery FEB - 8 1991	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **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. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: Mr. & Mrs. Joe Yurek 6187 Monforton Road Bozeman, Montana 59715	4. Article Number P 787 078 615 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
5. Signature - Addressee X Joseph Yurek	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 2-8-91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

SENDER:
• Complete items 1 and/or 2 for additional services.
• Complete items 3, and 4a & b.
• Print your name and address on the reverse of this form so that we can return this card to you.
• Attach this form to the front of the mailpiece, or on the back if space does not permit.
• Write "Return Receipt Requested" on the mailpiece next to article number.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

Article Addressed to: MONFORTON SCHOOL DISTRICT 601 MONFORTON ROAD BOZEMAN, MT 59715	4a. Article Number PGA 347 081 4b. Service Type: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature (Addressee) John P. ...	7. Date of Delivery 2-8-91 8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	

PS Form 3811, October 1990 * U.S.G.P.O. 1990-273-861 **DOMESTIC RETURN RECEIPT**

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: MR AND MRS GEORGE GATES 5553 MONFORTON ROAD BOZEMAN, MT 59715.	4. Article Number P 787 078 614 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
5. Signature - Addressee Doraine Gates	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 2-8-91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR & MRS DENNIS DELMAN 5073 MONFORTON ROAD BOZEMAN, MT 59715	4. Article Number P674347065 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 DATE DELIVERED.
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 2-8-91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR & MRS. JOSEPH PULLER, SR. 5044 MONFORTON ROAD BOZEMAN, MT 59715	4. Article Number P674347079 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 DATE DELIVERED.
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 2-8-91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR & MRS. RICHARD ADAMS 8249 HUFFINE LANE BOZEMAN, MT 59715	4. Article Number P674347073 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 DATE DELIVERED.
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 2-8-91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR & MRS, DENNIS ARSENAULT 8931 MONFORTON RD. BOZEMAN, MT 59715	4. Article Number P674347071 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 DATE DELIVERED.
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR & MRS DENNIS ARSENAULT 5931 MENFORTH ROAD BOZEMAN, MT 59715	4. Article Number P546 273 672 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 DATE DELIVERED.
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Dennis Arsenault</i>	8. Addressee's Address (ONLY if requested and fee paid) <div style="text-align: center;">  </div>
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery 	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Ms. MARIE WILSON 1315 SOUTH MONTANA BOZEMAN, MT 59715	4. Article Number P674 347 068 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 DATE DELIVERED.
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Marie Wilson</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery 2/8/91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Mr. & Mrs Ralph Porter 8270 HUFFINE LANE BOZEMAN, MONT 59715	4. Article Number P546 273 666 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 DATE DELIVERED.
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Ralph W. Porter</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery 2-8-91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR. JOHN A. WRIGHT 4642 MENFORTH RD. BOZEMAN, MT 59715	4. Article Number P674 347 074 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 DATE DELIVERED.
5. Signature - Addressee <input checked="" type="checkbox"/> <i>J. Wright</i>	8. Addressee's Address (ONLY if requested and fee paid) <div style="text-align: center;">  </div>
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery 2/8/91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR DARWIN CLEHFELDT 4430 RIVER ROAD BELORADIE, MT 59714	4. Article Number P674 347 067 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 DATE DELIVERED.
5. Signature - Addressee X <i>See Clehfeldt</i>	
6. Signature - Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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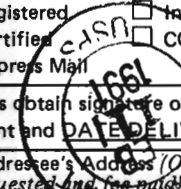
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Mrs. ALYCE MAE NOVOGRATZ 5921 BONNIE BREA DR. EDINA, MN 55435	4. Article Number P674 347 066 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 DATE DELIVERED.
5. Signature - Addressee X <i>Alyce Novogratz</i>	
6. Signature - Agent X	
7. Date of Delivery 2/1	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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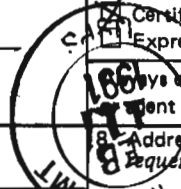
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR. AND MRS. WILLIAM HEROM, JR 4572 MONFORTON RD. BOZEMAN, MT 59715	4. Article Number P674 347 064 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 DATE DELIVERED.
5. Signature - Addressee X	
6. Signature - Agent X <i>Ray Bogen</i>	
7. Date of Delivery	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: MR & MRS JAMES A. BOGEN 4550 MONFORTON RD. BOZEMAN, MT 59715	4. Article Number P674 347 078 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 DATE DELIVERED.
5. Signature - Addressee X	
6. Signature - Agent X <i>Ray Bogen</i>	
7. Date of Delivery	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **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. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: MR & MRS. LOUIS CENTA 798 BAXTER LANE BOZEMAN, MT 59715	4. Article Number P674 347080 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
5. Signature - Addressee X Mrs Louis Centa	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery FEB 11 1991	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: LORRETTA C TURNER 103 BIG CHIEF TRAIL BOZEMAN, MT 59715	4. Article Number P674 347072 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
5. Signature - Addressee X Loretta Turner	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery FEB 12 1991	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

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1. Show to whom delivered, date, and addressee's address. Restricted Delivery
↑(Extra charge)↑

3. Article Addressed to: MR & MRS. DAVID McCORMICK 1050 COBB HILL ROAD BOZEMAN, MT 59715	4. Article Number P674 347063 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
5. Signature - Addressee X Dwayne McCormick	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 2/19/91	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

127

GALLATIN COUNTY ROAD OFFICE
BRIDGER STATION
P.O. 1
BOZEMAN

• IMPORTANT •
772

Fold at line over top of envelope to the
right of the return address.
CERTIFIED
P 674 347 091
MAIL

2-8-91
FEB 13 1991

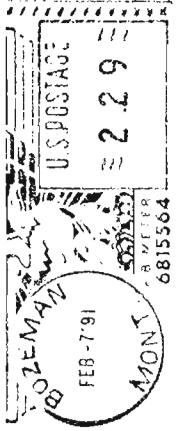


undelivered
addressee unknown
insufficient address
no such st
moved, not forwarding
moved, left no address

Phillip Frey

5803 Monforton Road

Bozeman, Montana 59715



MAR 0 1 1991

127
• IMPORTANT •
GALLATIN COUNTY ROAD OFFICE
BRIDGER STATION
P.O. BOX 3025
BOZEMAN, MT 59772

2-8-91
FEB 13 1991

Fold at line over top of envelope to the
right of the return address.
CERTIFIED
P 674 347 070
MAIL

FEB 27 1991



Mr. & Mrs. Darwin Dean

6105 Monforton Rd.

Bozeman, Montana 59715

undelivered
addressee unknown
insufficient address
no such st
moved, not forwarding
moved, left no address

● **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 [†](Extra charge)†

3. Article Addressed to:
 MR. AND MRS PHILIP FREY
 6005 MONFORTAN RD.
 BOZEMAN, MT 59715

4. Article Number
 PE74 347 061

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

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, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery [†](Extra charge)†

3. Article Addressed to:
 MR. & MRS, DARWIN DEAN
 6105 MONFORTAN RD.
 BOZEMAN, MT 59715

4. Article Number
 PE74 347 070

Type of Service:
 Registered Insured
 Certified COD
 Express Mail

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, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

127

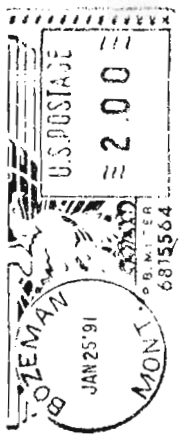
GALLATIN COUNTY ROAD OFFICE
BRIDGER STATION
P.O. BOX 3025
BOZEMAN, MT 59772

Mitch 1/26/91

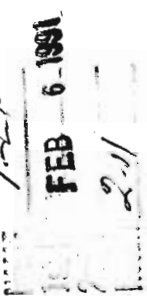
CERTIFIED
P 546 273 675
MAIL



Mr. & Mrs. Phillip Frey
5803 Monforton Road
Bozeman, Montana 59715



FEB 15 1991



127

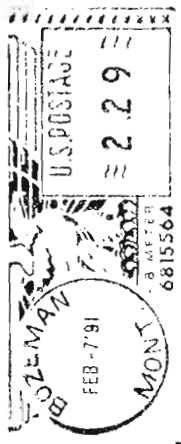
GALLATIN COUNTY ROAD OFFICE
BRIDGER STATION
P.O. BOX 3025
BOZEMAN, MT 59772

CERTIFIED
P 624 347 076
MAIL

Fold at line over top of envelope to the right of the return address.

Mrs. Paul F. Boylan

Mr. & Mrs. Paul F. Boylan
308 South 19th
Bozeman, Montana 59715



FEB 15 1991

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)†

3. Article Addressed to:

MR. & MRS. PHILLIP FREY
5803 MONFORTON ROAD
BOZEMAN, MT 59715

4. Article Number

P 546 213 675

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

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, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
↑(Extra charge)†

3. Article Addressed to:

MR. AND MRS. PAUL F. BOYLAN
308 S. 19TH
BOZEMAN, MT 59715

4. Article Number

P 674 347 076

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

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, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

127

GALLATIN COUNTY ROAD OFFICE
BRIDGER STATION
P.O. BOX 3025
BOZEMAN, MT 59712

1/26/91

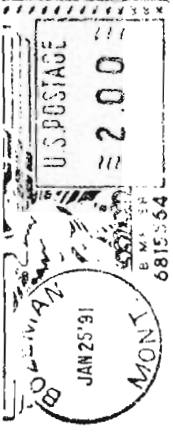
CERTIFIED
P 787 078 611
MAIL



undelivered — refused
address — unknown
insufficient address
no such address
moved, but local number
moved, left no address

Mr. & Mrs. Dennis Dehman
5073 Monforton Road
Bozeman, Montana

FEB 15 1991



1-26
FEB 6 1991

127

GALLATIN COUNTY ROAD OFFICE
BRIDGER STATION
P.O. BOX 3025
BOZEMAN, MT 59712

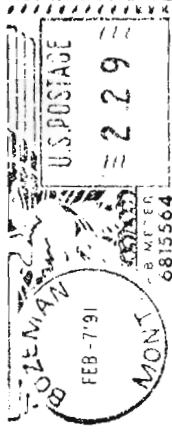
CERTIFIED
P 674 347 075
MAIL

Fold at line over top of envelope to the right of the return address.



Stephanie L. Campbell
308 South Third
Bozeman, Montana 59715

FEB 15 1991



● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery [†](Extra charge)
 3. Article Addressed to:

Mr. Mrs Dennis Delman 5073 Morforton Rd. Bozeman, Montana 59715		4. Article Number P 787 078 611
5. Signature -- Addressee <input checked="" type="checkbox"/>		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail
6. Signature -- Agent <input checked="" type="checkbox"/>		<input type="checkbox"/> Insured <input type="checkbox"/> COD
7. Date of Delivery		Always obtain signature of addressee or agent and DATE DELIVERED.
8. Addressee's Address (ONLY if requested and fee paid)		

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery [†](Extra charge)
 3. Article Addressed to:

STEPHANIE L. CAMPBELL 308 SOUTH THIRD BOZEMAN, MT, 59715		4. Article Number P 674 347 075
5. Signature -- Addressee <input checked="" type="checkbox"/>		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail
6. Signature -- Agent <input checked="" type="checkbox"/>		<input type="checkbox"/> Insured <input type="checkbox"/> COD
7. Date of Delivery		Always obtain signature of addressee or agent and DATE DELIVERED.
8. Addressee's Address (ONLY if requested and fee paid)		

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**