

Brownfields Program
File Room Document Transmittal Sheet

25

Your Name: Shirley Liggins
Project ID: 1104407060
Facility Name: Charlotte Area Missile Plant (CAMP)
Document Group: Brownfields Agreement (BFA)
Document Type: Notice of Brownfields Property - Unsigned (NBPU)
Description: unsigned docs sent to PD for signing and recording
Date of Doc: 8/15/2011
Author of Doc: Shirley Liggins

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
7	18	12

1104407060

Scanner's Initials: *sal*

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 Moore & Van Allen, PLLC
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 Charlotte, NC 28202-4003

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 Street, Apt. No. or PO Box No.:
 City, State, ZIP:

PS Form 3800, August 2005 See Reverse for Instructions

7008 0500 0001 4784 9940

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>x <i>H Wentz</i></p>	
<p>1. Article Addressed to:</p> <p>Peter J. McGrath, Jr. Moore & Van Allen, PLLC 100 North Tryon Street, Suite 4700 Charlotte, NC 28202-4003</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>H WENTZ</i> <i>8-16-11</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7008 0500 0001 4784 9940</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	