

## Thomas, Dianne

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**From:** Thomas, Dianne  
**Sent:** Tuesday, May 10, 2016 10:00 AM  
**To:** 'Peter Dressel'  
**Cc:** Ross, Scott; Sessoms, Bill  
**Subject:** RE: Swannanoa DJJDP Property-NONCD0002801  
**Attachments:** Swannanoa mailing list RAP.xlsx; Swannanoa RAP notice.doc

Pete-

A proposed Remedial Action Plan (RAP) for the above-referenced site was received on May 4, 2016. Pursuant to 15A NCAC 13C .0306(j) of the Registered Environmental Consultant (REC) Rules, the REC must provide public notice of the proposed RAP before it can be approved by the Registered Site Manager (RSM). The public notice procedures are also included in the Guidelines.

I have attached the text for the public notice and a list of recipients. Please enter the date, **corresponding to 35 days after the mailing date for the notice**, in the blank in order to designate the conclusion of the public notice period.

A copy of the notice must be sent by certified mail to each of the recipients that are listed as well as any additional parties that have expressed an interest in the site to the REC and/or remediator. You may send a copy to me and the Remediating Party electronically, if you prefer. Please e-mail me scanned copies of the certified mail receipt cards (green cards) that are sent back to you to document that all interested parties have been notified. If envelopes were returned to you as undeliverable, please send a scanned image of those as well to document the parties that did not receive the notice.

After the public notice period has ended, I will e-mail you any written comments that the Branch received for your review and response. You will also need to address any verbal comments that you received from the public regarding the proposed RAP. After all public comments are satisfactorily addressed, I will notify you that the RAP may be approved and the "Proposed Remedial Action Plan Completion Certification" form (Form WPC-III downloaded from the REC website) may be completed and sent to the Branch.

Please reply to this e-mail so that I know you received these instructions. If you have any questions, please contact me.

Thanks,

Dianne

### **Dianne Thomas**

Inactive Hazardous Sites Branch – Registered Environmental Consultant Program  
North Carolina Department of Environmental Quality

919 707-8348 office  
[dianne.thomas@ncdenr.gov](mailto:dianne.thomas@ncdenr.gov)

217 West Jones Street  
1601 Mail Service Center  
Raleigh, NC 27699



*Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties.*

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**From:** Peter Dressel [mailto:pdressel@piedmontgeologic.com]  
**Sent:** Wednesday, May 04, 2016 2:22 PM  
**To:** Thomas, Dianne <dianne.thomas@ncdenr.gov>  
**Cc:** Sessoms, Bill <bill.sessoms@doa.nc.gov>  
**Subject:** Swannanoa DJJDP Property-NONCD0002801

Dianne:

Attached is the certified Proposed Remedial Action Plan for the Swannanoa DJJDP Property. We will initiate the public notice process as soon as we receive the public notice document from your office.

Let me know if you have any questions or would like any additional information.

Pete Dressel, P.G.  
Piedmont Geologic, P.C.  
6003-145 Chapel Hill Road  
Raleigh, NC 27607  
919-854-9700 (office)  
919-854-9532 (fax)  
919-417-5065 (cell)  
[www.piedmontgeologic.com](http://www.piedmontgeologic.com)

# NOTICE OF REMEDIAL ACTION PLAN

**Swannanoa DJJDP Property  
Swannanoa, Buncombe County, North Carolina  
Site ID No. NONCD0002801**

You are receiving this Public Notice on behalf of the North Carolina Department of Environmental Quality (NCDEQ) to inform you that an environmental cleanup is planned at the Swannanoa DJJDP (Site), located off of Clover Lane in Swannanoa, Buncombe County, North Carolina. This Notice has been prepared for nearby property owners and other parties that may be interested in the cleanup activities at the Site. In accordance with the Inactive Hazardous Sites Response Act [N.C.G.S. 130A-310.9(b) - 310.9(c)], Piedmont Geologic is soliciting public comment on the Proposed Remedial Action Plan (RAP) for cleanup of contaminated media at the Site. Piedmont Geologic is a State-approved Registered Environmental Consultant (REC) for the Site. The Proposed RAP has been prepared in accordance with the REC program rules [15A NCAC 13C .0300], and contains a description of the proposed remedial alternative that representatives of the REC intend to implement to address environmental contamination (e.g., contaminated soil, groundwater, surface water, etc.) at the Site. Other remedial alternatives that were considered are also discussed in the Proposed RAP. The NCDEQ-Division of Waste Management (DWM) is authorized to implement the Inactive Hazardous Site Response Act, and the REC Program is an approved, privatized program under that authority. The remediator has entered into an Administrative Agreement with the DWM to implement a remedial action under the REC Program.

## How to Review the Proposed RAP

You may access an electronic version of the Proposed RAP using the following link:

<http://edocs.deq.nc.gov/WasteManagement/Search.aspx>

Once you are connected, locate the "Template" bar on the left-hand side of the website. Enter the Site's "name/subject" or "ID" shown at the top of this Notice into the corresponding fields. Click the "SEARCH" button at the bottom left and the Site's documents will be displayed in chronological order. Click on the most recent RAP to view the document. If you have difficulty and need further assistance accessing the document electronically, please contact Mr. Scott Ross at (919) 707-8272 or [Scott.Ross@ncdenr.gov](mailto:Scott.Ross@ncdenr.gov). If you would like a paper copy of the document mailed to you, please provide your mailing address. Note, charges for photocopies and postage may apply.

## How to Ask Questions or Comment on the Proposed RAP

All **verbal** questions regarding the cleanup should be directed to the REC's Registered Site Manager, Mr. Pete Dressel of Piedmont Geologic, 919-854-9700.

All **written** comments regarding the RAP or questions about the REC Program should be directed to:

Ms. Dianne Thomas  
REC Program  
Inactive Hazardous Sites Branch  
Superfund Section  
NC Division of Waste Management  
1646 Mail Service Center  
Raleigh, North Carolina 27603  
(919) 707-8348  
[dianne.thomas@NCDENR.gov](mailto:dianne.thomas@NCDENR.gov)

**ALL COMMENTS ON THE PROPOSED RAP MUST BE SUBMITTED IN WRITING AND POSTMARKED NO LATER THAN JUNE 15, 2016.**

**PUBLIC NOTICE MAILING LIST  
 SWANNANOVA - DJJDP PROPERTY  
 NONCD0002801  
 OFF OF CLOVER LANE  
 SWANNANOVA, BUNCOMBE COUNTY, NORTH CAROLINA**

- 1) The IHSB is currently unaware of a mailing list for the Site.
- 2) Out of courtesy, the following adjacent property owners along with the County Health Director & a local government authority will be provided notification.

| Name  | Street Address   | City State Zip            | Comments       |
|---|--|---------------------------|----------------|
| SCOTT ROSS, DWM FILE ROOM                                   | 217 WEST JONES STREET                                    | RALEIGH, NC 27603-1336    | Via email only |
| PETE DRESSEL<br>PIEDMONT GEOLOGIC                           | 6003-145 CHAPEL HILL ROAD                                | RALEIGH, NC 27607         | Via email only |
| BILL SESSOMS  | STATE CONSTRUCTION<br>OFFICE<br>1301 MAIL SERVICE CENTER | RALEIGH, NC 27699-1307    | Via email only |
| DIANNE THOMAS<br>NCDENR                                     | 217 WEST JONES STREET                                    | RALEIGH, NC 27603-1336    | Via email only |
| JAN SHEPARD<br>BUNCOMBE COUNTY HEALTH<br>DIRECTOR           | PO BOX 7407  | ASHEVILLE, NC 28802       |                |
| WANDA GREENE<br>COUNTY MANAGER                              | 200 COLLEGE STREET, SUITE<br>300                         | ASHEVILLE, NC 28801       |                |
| BUNCOMBE COUNTY BOARD OF<br>EDUCATION                       | 175 BINGHAM ROAD   | ASHEVILLE, NC 28806       |                |
| PRESBYTERIAN HOME FOR<br>CHILDREN FNA MOUNTAIN<br>ORPHANAGE | 80 LAKE EDEN ROAD  | BLACK MOUNTAIN, NC 28711  |                |
| BV HEDRICK GRAVEL & SAND                                    | P.O. BOX 425   | SWANNANOVA, NC 28778      |                |
| STATE OF NORTH CAROLINA                                     | 116 W JONES ROAD   | RALEIGH, NC 27603         |                |
| ERIN & ASA BLEIER   | 206 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| WENDY HELEN OUTLAND   | 202 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| JAMES FALIN (ET AL), JOSEPH<br>FALIN (ET AL)                | 411 N NEW RIVER DRIVE APT<br>402                         | FORT LAUDERDALE, FL 33301 |                |
| W. DAVID AND TONIA MYERS                                    | 320 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| JANICE HUSSEY   | 310 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| DESMOND AND NORMA HUSSEY                                    | 300 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| DAVID MYERS BUILDER, INC.                                   | 320 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| SUCHITTRA TEMESRISUK  | 211 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| JAMES AND KATHERINE CONNER                                  | 209 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| JAMES AND KATHERINE CONNER                                  | 207 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| DARCY REGINA WILSON   | 304 MAIN STREET  | FAIRVIEW, NC 28730        |                |
| BERNICE MCELRATH ROGERS                                     | 203 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| NORTON  | 175 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| ROBERT AND LINA GOELZ                                       | 11 SKY FOREST DRIVE                                      | SWANNANOVA, NC 28778      |                |
| KEITH AND VANESSA KELLY                                     | 10 SKY FOREST DRIVE                                      | SWANNANOVA, NC 28778      |                |
| LEIGH K JONES   | 119 WOODLAND DRIVE                                       | SWANNANOVA, NC 28778      |                |
| JAMES REDMON  | 224 MEREDITH LOOP  | SWANNANOVA, NC 28778      |                |
| HORSESHOE RIDGE LLC<br>C/O MILES KOENIGSBERG                | 10 DUNNWOODY DRIVE                                       | ARDEN, NC 28704           |                |

|   |                       |                          |  |
|---|-----------------------|--------------------------|--|
| LISA & DUANE COMRIE                         | 321 SEWARD STREET     | WEST BABYLON, NY 11704   |  |
| PHYLLIS SPILLARS c/o DAVID & PHYLLIS COMRIE | 40 THREE J LANE       | SWANNANOVA, NC 28778     |  |
| OLIVER PENLAND                              | 200 NORTHWEST AVENUE  | SWANNANOVA, NC 28778     |  |
| GERAL PENLAND & BEVERLY PENLAND             | P.O. BOX 691          | SWANNANOVA, NC 28778     |  |
| JODY ASHTON c/o JODY HARWOOD                | 127 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| JUDITH & ROBERT ENSLEY                      | 128 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| MILDRED SOUTHERN                            | 126 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| KHARMA CENTER                               | 124 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| STEPHANIE & DAVID TRANTHAM                  | 122 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| SUSAN& ROYCE SMITH                          | 109 ELM DRIVE         | ASHEVILLE, NC 28805      |  |
| ANNETTE & EDWIN CHAMBERLIN                  | 118 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| THELMA SPARKS                               | P.O. BOX 404          | BLACK MOUNTAIN, NC 28711 |  |
| GARY ROBINSON                               | 114 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| FRANCES & PATRICK COYLE                     | 112 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| BETHANY & ANDREW MCKINNEY                   | 110 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| PAM & TOLMAN BURNS                          | 108 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| MARIA RODRIGUEZ & ADAN CASTENDA             | 106 SCENIC VIEW DRIVE | SWANNANOVA, NC 28778     |  |
| JANICE PITTMAN                              | P.O. BOX 9393         | ASHEVILLE, NC 28815      |  |
| JUNE DALTON & ROBIN HARVEY                  | 53 INDIAN MOUND TRAIL | FAIRVIEW, NC 28730       |  |

## Thomas, Dianne

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**From:** Thomas, Dianne  
**Sent:** Monday, June 20, 2016 10:57 AM  
**To:** 'Peter Dressel'  
**Subject:** RE: Swannanoa DJJDP Property (NONCD 0002801) - RAP Public Notice

On June 15, 2016, I received scanned copies of 36 certified mailing receipts, 2 envelopes that were tracked as delivered by the USPS, and 4 envelopes that were returned indicating that the mail was either undeliverable or refused. In your email below, you have summarized the notification results, indicating that public notice of the proposed Remedial Action Plan (RAP) for the State of North Carolina DJJDP Property site in Swannanoa, Buncombe County, NC was completed satisfactorily as required by 15A NCAC 13C .0306(j).

According to your e-mail below, one comment from the public was received by Piedmont Geologic. Robert Ensley called and inquired about the exact location of the contaminated property. You satisfied his concerns, and his comment did not affect the content of the RAP. Mr. Ensley had no additional comments. No comments from the public were received by the Inactive Hazardous Sites Branch (Branch). You may now complete, certify, and submit the "Proposed Remedial Action Plan Completion Certification" form (Form WPC-III). Note that, in accordance with .0306(b), work phase completion form WPC-III must pre-date and be accompanied by Document Certification Forms DC-I and DC-II. Please note, when you submit the work phase completion form, you, as the RSM, will be approving the proposed RAP that is on file with the Branch.

I will forward you the plat and the DPLUR document with any comments stemming from final Branch review. You may send the final, notarized, original Notice and DPLUR documents to your contact person (Dianne Thomas) in the Superfund Section via one of the methods below (Do Not Fold Document):

Via Overnight Courier or Hand Delivery:  
NC Division of Waste Management DENR Office Building  
217 W. Jones Street  
Raleigh, NC 27699

Via US Mail:  
NC Division of Waste Management Superfund Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646

After the Department signs and notarizes the Notice and DPLURs, you must, within fifteen (15) days:

- A. file a certified copy of the Notice in the county Register of Deeds' office; and
- B. send to the State contact person, addressed as required above, a certified copy of the Notice affixed with the seal of the Register of Deeds and reflecting the book and page number where recorded and a copy of the page in the grantor index where the Notice is referenced.

Important: If the Notice is being recorded concurrently with recordation of a Declaration of Perpetual Land Use Restrictions (DPLUR) document, these documents must be recorded as follows: The Notice must be recorded first and assigned book and page numbers. The book and page numbers where the Notice is recorded must be hand written in the designated blanks on the DPLUR prior to the DPLUR being recorded.

Thank you for your cooperation. If you have any questions, please contact me.

Dianne

**Dianne Thomas**

Inactive Hazardous Sites Branch – Registered Environmental Consultant Program  
North Carolina Department of Environmental Quality

919 707-8348 office  
[dianne.thomas@ncdenr.gov](mailto:dianne.thomas@ncdenr.gov)

217 West Jones Street  
1601 Mail Service Center  
Raleigh, NC 27699



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**From:** Peter Dressel [mailto:[pdressel@piedmontgeologic.com](mailto:pdressel@piedmontgeologic.com)]  
**Sent:** Wednesday, June 15, 2016 2:21 PM  
**To:** Thomas, Dianne <[dianne.thomas@ncdenr.gov](mailto:dianne.thomas@ncdenr.gov)>  
**Cc:** Sessoms, Bill <[bill.sessoms@doa.nc.gov](mailto:bill.sessoms@doa.nc.gov)>  
**Subject:** Swannanoa DJJDP Property (NONCD 0002801) - RAP Public Notice

Dianne:

The attached pdf file shows the results of the public notice process for the subject site, which ends today. The results are summarized as follows.

- Notifications were made to all 47 parties listed in the IHSB public notice mailing list (attached).
- Notifications to the first four parties in the mailing list were made via a May 11, 2016 e-mail from Piedmont Geologic (attached).
- Notifications to the 43 remaining parties were made by Piedmont Geologic via certified mail dated May 11, 2016.
- Certified mail receipt cards were returned to Piedmont Geologic for 36 of the certified mail addressees.
- The certified mail packages were returned for four of the intended recipients, indicating that the mail packages were not claimed by the intended recipients.
- No certified mail receipt cards or returned packages were received for three of the intended recipients. The USTS Tracking website was accessed on June 15, 2016 to investigate the disposition of these three mail packages. Tracking information indicates that two of the mail packages were “Delivered, left with individual”. The last tracking entry for the third package indicates “Departed USPS facility” on May 12, 2016, with an expected delivery date of May 13, 2016. The third package was addressed to the State of North Carolina at 116 W. Jones Road, Raleigh, NC 27603.

The certified mail receipt cards, returned mail packages, and USPS Tracking records in the attached pdf are arranged in the same order as listed in the public notice mailing list.

I received on telephone call in response to the public notice, from Mr. Robert Ensley (128 Scenic View Drive), on May 16, 2016. Mr. Ensley asked where the site was located and what the cleanup entailed. He also asked why notifications were provided to residents on his side of the street and not the other side. I provided answers to all of these questions. Mr. Ensley expressed no other interest in the project.

Let me know if you have any questions or would like any additional information. Thank you.

Pete Dressel, P.G.  
Piedmont Geologic, P.C.  
6003-145 Chapel Hill Road  
Raleigh, NC 27607  
919-854-9700 (office)  
919-854-9532 (fax)  
919-417-5065 (cell)  
[www.piedmontgeologic.com](http://www.piedmontgeologic.com)

## Thomas, Dianne

---

**From:** Peter Dressel <pdressel@piedmontgeologic.com>  
**Sent:** Wednesday, June 15, 2016 2:21 PM  
**To:** Thomas, Dianne  
**Cc:** Sessoms, Bill  
**Subject:** Swannanoa DJJDP Property (NONCD 0002801) - RAP Public Notice  
**Attachments:** Swannanoa DJJDP- results of public notice.pdf; Swannanoa mailing list for RAP public notice.xlsx; RE: Swannanoa DJJDP Property-NONCD0002801

Dianne:

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Let me know if you have any questions or would like any additional information. Thank you.

Pete Dressel, P.G.  
Piedmont Geologic, P.C.  
6003-145 Chapel Hill Road  
Raleigh, NC 27607  
919-854-9700 (office)  
919-854-9532 (fax)  
919-417-5065 (cell)  
[www.piedmontgeologic.com](http://www.piedmontgeologic.com)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Jan Shepard  
 Buncombe County Health Director  
 PO Box 7407  
 Asheville, NC 28802



9590 9401 0185 5234 0076 33

2. Article Number (Transfer from service label)

7015 0920 0001 9092 9934

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

5/13/16

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Wanda Greene  
 County Manager  
 200 College Street, Suite 300  
 Asheville, NC 28801



9590 9401 0185 5234 0076 19

2. Article Number (Transfer from service label)

7015 0920 0001 9092 9941

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

5/13/16

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Buncombe County Board of Education  
 175 Bingham Road  
 Asheville, NC 28806



2. Article Number (Transfer from service label)

7015 0920 0001 9092 9958

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                       |
|--|---|---------------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Jah Thomas</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |                                       |
| 1. Article Addressed to:<br><br>Presbyterian Home for Children<br>FNA Mountain Orphanage<br>80 Lake Eden Road<br>Black Mountain, NC 28711<br><br>   | B. Received by (Printed Name)<br><i>Sarah Thomas</i>  | C. Date of Delivery<br><i>5-13-16</i> |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                       |
| 2. Article (Transit)<br>7015 0920 0001 9092 9965   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |                                       |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                       |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                                       |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |   |
| 1. Article Addressed to:<br><br>BV Hedrick Gravel and Sand<br>PO Box 425<br>Swannanoa, NC 28778<br><br>   | B. Received by (Printed Name)<br><i>Sarah Connor</i>  | C. Date of Delivery<br><i>MAY 17 2016</i> |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |   |
| 2. Article (Transit)<br>7015 0920 0001 9092 9972   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |   |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |   |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |   |

English

Customer Service

USPS Mobile

Register / Sign In



# USPS Tracking®



[Customer Service >](#)  
Have questions? We're here to help.



[Get Easy Tracking Updates >](#)  
Sign up for My USPS.

Tracking Number: 70150920000190929989

Expected Delivery Day: Friday, May 13, 2016

## Product & Tracking Information

Postal Product: First-Class Mail®  
Features: Certified Mail™, Return Receipt  
See tracking for related item: 9590952106150145526166

| DATE & TIME            | STATUS OF ITEM         | LOCATION          |
|------------------------|------------------------|-------------------|
| May 12, 2016 , 2:41 am | Departed USPS Facility | RALEIGH, NC 27676 |

Your item departed our USPS facility in RALEIGH, NC 27676 on May 12, 2016 at 2:41 am. The item is currently in transit to the destination.

|                         |                          |                   |
|-------------------------|--------------------------|-------------------|
| May 11, 2016 , 10:28 pm | Arrived at USPS Facility | RALEIGH, NC 27676 |
| May 11, 2016 , 2:53 pm  | Departed Post Office     | CARY, NC 27519    |
| May 11, 2016 , 2:26 pm  | Acceptance               | CARY, NC 27519    |

## Available Actions

[Text Updates](#)

[Email Updates](#)

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

7015 0920 0001 9092 9989

RALEIGH, NC 27603

|  |        |  |
|--|--------|--|
| Postage  | \$3.39 |  |
| Certified Fee                                  | \$2.70 |  |
| Return Receipt Fee (Endorsement Required)      | \$0.00 |  |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |  |
| Total Postage & Fees                           | \$6.47 |  |

0501 04

Postmark Here  
MAY 11 2016

RALEIGH, NC 27519

Sent To: State of North Carolina  
Street & Apt. No., or PO Box No.: 116 W. Jones Road  
City, State, ZIP+4: Raleigh NC 27603

PS Form 3800, July 2014 See Reverse for Instructions

## Track Another Package

Tracking (or receipt) number

[Track It](#)

### HELPFUL LINKS

- [Contact Us](#)
- [Site Index](#)
- [FAQs](#)

### ON ABOUT USPS.COM

- [About USPS Home](#)
- [Newsroom](#)
- [USPS Service Updates](#)
- [Forms & Publications](#)
- [Government Services](#)
- [Careers](#)

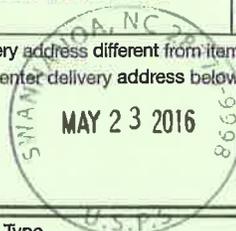
### OTHER USPS SITES

- [Business Customer Gateway](#)
- [Postal Inspectors](#)
- [Inspector General](#)
- [Postal Explorer](#)
- [National Postal Museum](#)
- [Resources for Developers](#)

### LEGAL INFORMATION

- [Privacy Policy](#)
- [Terms of Use](#)
- [FOIA](#)
- [No FEAR Act EEO Data](#)

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br><input checked="" type="checkbox"/> <i>Erin Bleier</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |  |
| 1. Article Addressed to:<br><br>Erin and Asa Bleier<br>206 Woodland Drive<br>Swannanoa, NC 28778   |  | B. Received by (Printed Name) _____ C. Date of Delivery _____<br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |  |
|   |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |  |
| 2. Article # (Transf.) 7015 0920 0001 9092 9996  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
| PS Form 3811, July 2013 Domestic Return Receipt  |  |   |  |



| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br><input checked="" type="checkbox"/> <i>Wendy Helen Outland</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |  |
| 1. Article Addressed to:<br><br>Wendy Helen Outland<br>202 Woodland Drive<br>Swannanoa, NC 28778   |  | B. Received by (Printed Name) _____ C. Date of Delivery _____<br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |  |
|   |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |  |
| 2. Article # (Transf.) 7015 0920 0001 9093 0008  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
| PS Form 3811, July 2013 Domestic Return Receipt  |  |   |  |



| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br><input checked="" type="checkbox"/> <i>OTando Alvarez</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |  |
| 1. Article Addressed to:<br><br>James Falin (et al)<br>Joseph Falin (et al)<br>411 N. New River Drive, Apt. 402<br>Fort Lauderdale, FL 33301   |  | B. Received by (Printed Name) _____ C. Date of Delivery <i>5/14/16</i><br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input checked="" type="checkbox"/> No  |  |
|   |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |  |
| 2. Article # (Transf.) 7015 0920 0001 9093 5027  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
| PS Form 3811, July 2013 Domestic Return Receipt  |  |   |  |

**SENDER: COMPLETE THIS SECTION**

- 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.

1 Article Addressed to:

W. David and Tonia Myers  
320 Woodland Drive  
Swannanoa, NC 28778



2. Arti (Tr) 7015 0920 0001 9093 5034

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

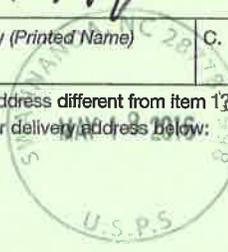
A. Signature  Agent  
*W. David Myers*  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



Domestic Return Receipt

English

Customer Service

USPS Mobile

Register / Sign In



# USPS Tracking®



[Customer Service >](#)  
Have questions? We're here to help.



[Get Easy Tracking Updates >](#)  
Sign up for My USPS.

Tracking Number: 70150920000190935041

## Product & Tracking Information

**Postal Product:**  
First-Class Mail®

**Features:**  
Certified Mail™      Return Receipt

See tracking for related item: [9590952106150145526210](#)

## Available Actions

[Text Updates](#)

[Email Updates](#)

| DATE & TIME            | STATUS OF ITEM                         | LOCATION            |
|------------------------|--|---------------------|
| May 17, 2016 , 1:03 pm | <b>Delivered, Left with Individual</b> | SWANNANOA, NC 28778 |

Your item was delivered to an individual at the address at 1 03 pm on May 17, 2016 in SWANNANOA NC 28778

|                         |   |                      |
|-------------------------|---|----------------------|
| May 13, 2016 , 12:38 pm | Notice Left (No Authorized Recipient Available) | SWANNANOA, NC 28778  |
| May 13, 2016 , 8:28 am  | Out for Delivery                                | SWANNANOA, NC 28778  |
| May 13, 2016 , 8:18 am  | Sorting Complete                                | SWANNANOA, NC 28778  |
| May 13, 2016 , 6:18 am  | Arrived at Unit                                 | SWANNANOA, NC 28778  |
| May 12, 2016 , 4:32 pm  | Departed USPS Destination Facility              | GREENVILLE, SC 29607 |
| May 12, 2016 , 12:58 pm | Arrived at USPS Destination Facility            | GREENVILLE, SC 29607 |
| May 12, 2016 , 2:41 am  | Departed USPS Facility                          | RALEIGH, NC 27676    |
| May 11, 2016 , 10:28 pm | Arrived at USPS Origin Facility                 | RALEIGH, NC 27676    |
| May 11, 2016 , 2:53 pm  | Departed Post Office                            | CARY, NC 27519       |
| May 11, 2016 , 2:26 pm  | Acceptance                                      | CARY, NC 27519       |

7015 0920 0001 9093 5041

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

|  |               |  |  |
|--|---------------|--|--|
| Postage  | \$3.30        |  |  |
| Certified Fee                                  | \$2.70        |  |  |
| Return Receipt Fee (Endorsement Required)      | \$0.00        |  |  |
| Restricted Delivery Fee (Endorsement Required) | \$0.00        |  |  |
| <b>Total Postage &amp; Fees</b>                | <b>\$6.47</b> |  |  |

0501 04  
Postmark Date  
MAY 11 2016  
05/11/2016

Sent To: Janice Hussey

Street & Apt. No. or PO Box No. 310 Woodland Drive

City, State, ZIP+4 Swannanoa NC 28778

PS Form 3800, July 2014      See Reverse for Instructions

## Track Another Package

Tracking (or receipt) number

[Track It](#)

## Manage Incoming Packages

Track all your packages from a dashboard  
No tracking numbers necessary

[Sign up for My USPS >](#)



English

Customer Service

USPS Mobile

Register / Sign In



# USPS Tracking®



[Customer Service >](#)  
Have questions? We're here to help.



[Get Easy Tracking Updates >](#)  
Sign up for My USPS.

**Tracking Number:** 70150920000190935058

## Product & Tracking Information

**Postal Product:** First-Class Mail®  
**Features:** Certified Mail™, Return Receipt

See tracking for related item: [9590952106150145526227](#)

| DATE & TIME            | STATUS OF ITEM                         | LOCATION            |
|------------------------|--|---------------------|
| May 17, 2016 , 1:02 pm | <b>Delivered, Left with Individual</b> | SWANNANOA, NC 28778 |

Your item was delivered to an individual at the address at 1:02 pm on May 17, 2016 in SWANNANOA NC 28778

|                         |   |                      |
|-------------------------|---|----------------------|
| May 13, 2016 , 12:36 pm | Notice Left (No Authorized Recipient Available) | SWANNANOA, NC 28778  |
| May 13, 2016 , 12:36 pm | Business Closed                                 | SWANNANOA, NC 28778  |
| May 13, 2016 , 8:28 am  | Out for Delivery                                | SWANNANOA, NC 28778  |
| May 13, 2016 , 8:18 am  | Sorting Complete                                | SWANNANOA, NC 28778  |
| May 13, 2016 , 6:18 am  | Arrived at Unit                                 | SWANNANOA, NC 28778  |
| May 12, 2016 , 4:32 pm  | Departed USPS Destination Facility              | GREENVILLE, SC 29607 |
| May 12, 2016 , 12:58 pm | Arrived at USPS Destination Facility            | GREENVILLE, SC 29607 |
| May 12, 2016 , 2:41 am  | Departed USPS Facility                          | RALEIGH, NC 27676    |
| May 11, 2016 , 10:28 pm | Arrived at USPS Origin Facility                 | RALEIGH, NC 27676    |
| May 11, 2016 , 2:53 pm  | Departed Post Office                            | CARY, NC 27519       |
| May 11, 2016 , 2:26 pm  | Acceptance                                      | CARY, NC 27519       |

## Available Actions

[Text Updates](#)

[Email Updates](#)

**U.S. Postal Service™**  
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 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

SWANNANO, NC 28778

|  |               |
|--|---------------|
| Postage  | \$3.30        |
| Certified Fee                                  | \$2.70        |
| Return Receipt Fee (Endorsement Required)      | \$0.00        |
| Restricted Delivery Fee (Endorsement Required) | \$0.00        |
| <b>Total Postage &amp; Fees</b>                | <b>\$6.47</b> |

05/11/2016

Postmark Here: MAY 1 0501 04 NC 27519

Sent To: Desmond + Norma Hussey  
 Street & Apt. No., or PO Box No. 300 Woodland Drive  
 City, State, ZIP+4 Swannanoa NC 28778

PS Form 3800, July 2014 See Reverse for Instructions

## Track Another Package

Tracking (or receipt) number

[Track It](#)

## Manage Incoming Packages

Track all your packages from a dashboard  
 No tracking numbers necessary

[Sign up for My USPS >](#)



| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <input checked="" type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>   |
| <p>1. Article Addressed to:</p> <p>David Myers Builder, Inc.<br/> 320 Woodland Drive<br/> Swannanoa, NC 28778</p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. A 7015 0920 0001 9093 5065<br/> <small>(Transfer from service)</small></p>   |   |
| <p>PS Form 3811, July 2013 Domestic Return Receipt</p>   |   |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <input checked="" type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>   |
| <p>1. Article Addressed to:</p> <p>Suchitra Temesrisuk<br/> 211 Woodland Drive<br/> Swannanoa, NC 28778</p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article 7015 0920 0001 9093 5072<br/> <small>(Transfer from service)</small></p>   |   |
| <p>PS Form 3811, July 2013 Domestic Return Receipt</p>   |   |



**PIEDMONT  
GEOLOGIC**  
SMART EARTH SOLUTIONS

6003-145 Chapel Hill Rd.  
Raleigh, NC 27607

**CERTIFIED MAIL®**



7015 0920 0001 9093 5089

James and Katherine Conner  
209 Woodland Drive  
Swannanoa, NC 28778



28778



1000

U.S. POST  
PAID  
CARY, NC  
MAY 11  
2011  
\$6  
R2305M1

**RETURN RECEIPT  
REQUESTED**

2877802837 90705 153

NIXIE 296 DE 1 0006/02/16  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 27607515345 \*1148-03072-11-44



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6003-145 Chapel Hill Rd.  
Raleigh, NC 27607

**CERTIFIED MAIL®**



7015 0920 0001 9093 5096

James and Katherine Conner  
207 Woodland Drive  
Swannanoa, NC 28778

RETURNED TO SENDER  
UNDELIVERABLE  
QUESTER

28778022633 69305 15 3

NIXIE 296 DE 1  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 27607515345 \*1148-03073-11-44

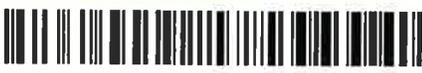
513  
5-18  
5-20

U.S. POST  
PAID  
CARY, NC  
MAY 11  
27519  
\$6  
R2305M1



1000

28778

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                       |
|--|---|---------------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Bruce Varney</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |                                       |
| 1. Article Addressed to:<br><br>Darcy Regina Wilson<br>304 Main Street<br>Fairview, NC 28730<br><br>  | B. Received by (Printed Name)<br><i>Bruce Varney</i>  | C. Date of Delivery<br><i>5/17/16</i> |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                       |
| 2. Article Number (Transfer from)<br>7015 0920 0001 9093 5102  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |                                       |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                       |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                                       |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                     |
|--|---|---------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Bernice Rogers</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |                     |
| 1. Article Addressed to:<br><br>Bernice McElrath Rogers<br>203 Woodland Drive<br>Swannanoa, NC 28778<br><br>  | B. Received by (Printed Name)   | C. Date of Delivery |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                     |
| 2. Article Number (Transfer from)<br>7015 0920 0001 9093 5119  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |                     |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                     |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                     |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                     |
|--|---|---------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Jared Norton</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |                     |
| 1. Article Addressed to:<br><br>Gregory and Kimberly Norton<br>175 Woodland Drive<br>Swannanoa, NC 28778<br><br>  | B. Received by (Printed Name)   | C. Date of Delivery |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                     |
| 2. Article Number (Transfer from)<br>7015 0920 0001 9093 5126  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |                     |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                     |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                     |

**SENDER: COMPLETE THIS SECTION**

- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 LINDA A. GOELZ

1. Article Addressed to  
 Robert and Lina Goelz  
 11 Sky Forest Drive  
 Swannanoa, NC 28778



T 276 NF2 1 81510  
 GOELZ  
 611 LIVELY DR UNIT B  
 SUN CITY CTR FL 33573-5826  
 BC: 33573582674 \*1148-03



Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery  
 4. Restricted Delivery? (Extra Fee)  Yes

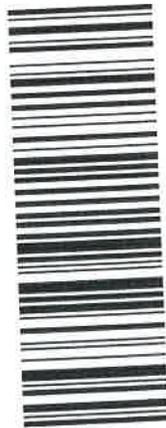
2. Article (Transf. 7015 0920 0001 9093 5133



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6003-145 Chapel Hill Rd.  
Raleigh, NC 27607

**CERTIFIED MAIL**



7015 0920 0001 9093 5140

Keith and Vanessa Kelly  
10 Sky Forest Drive  
Swannanoa, NC 28778

**UNCLAIMED**  
**RETURN RECEIPT  
REQUESTED**

2877832848 60309 153

*NOTICE*  
*5/13/16*  
*8/15/16*

NIXIE 296 DC 1 0006/02/16  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 27607515345 \*1148-03078-11-44



1000



28778

U.S. POST  
PAID  
CARY, NC  
27518  
MAY 11 11  
AMOUNT  
\$6  
R2305M14

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>Leigh K Jones<br/>           119 Woodland Drive<br/>           Swannanoa, NC 28778</p>  | <p>MAY 16 2016</p>   |
|   | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>             |
| <p>2. Article Num 7015 0920 0001 9093 5157<br/>         (Transfer from)</p>  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |
| <p>PS Form 3811, July 2013 Domestic Return Receipt</p>   |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>James Redmon<br/>           224 Meredith Loop<br/>           Swannanoa, NC 28778</p>  | <p>MAY 20 2016</p>   |
|   | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>             |
| <p>2. Arti 7015 0920 0001 9093 5164<br/>         (Tra)</p>   | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |
| <p>PS Form 3811, July 2013 Domestic Return Receipt</p>   |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>Horseshoe Ridge LLC<br/>           C/O Miles Koenigsberg<br/>           10 Dunnwoody Drive<br/>           Arden, NC 28704</p>   | <p>5-13-16</p>   |
|   | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>             |
| <p>2. Arl 7015 0920 0001 9093 5171<br/>         (Th)</p>   | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |
| <p>PS Form 3811, July 2013 Domestic Return Receipt</p>   |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                    |
|--|---|------------------------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Lisa Comrie</i> <div style="float: right;"> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee         </div>  |                                    |
| 1. Article Addressed to:<br><br>Lisa and Duane Comrie<br>321 Seward Street<br>West Babylon, NY 11704<br><br>  | B. Received by (Printed Name)   | C. Date of Delivery<br><i>5/14</i> |
| 2. Article (Tracking) Number<br>7015 0920 0001 9093 5188   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                    |
| PS Form 3811, July 2013  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |                                    |
| Domestic Return Receipt  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                    |



6003-145 Chappel Hill Rd.  
Raleigh, NC 27607

**CERTIFIED MAIL**



7015 0920 0001 9093 5195

Phyllis Spillars  
C/O David and Phyllis Comrie  
40 Three J Lane  
Swannanoa, NC 28778

**UNCLAIMED**  
**RETURN RECEIPT**  
**REQUESTED**

28778326487 60795153

*5/13/18*  
*5:58:28*

NIXIE 296 DC 1 0006/02/16  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 27607515345 \*2480-06702-02-23



U.S. POST  
PAID  
CARY, NC  
27519  
MAY 11 16  
\$6.00  
R2305M14

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Oliver Penland  
200 Northwest Avenue  
Swannanoa, NC 28778



2. Article (Transfer from service label) 7015 0920 0001 9093 5201

PS Form 3811, July 2013

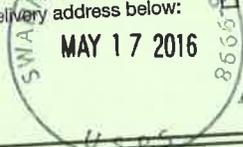
Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X *Gerald F. Penland*

B. Received by (Printed Name) C. Date of Delivery  
*Gerald F. Penland* NC 28778

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:



3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- 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.

Geral Penland and Beverly Penland  
PO Box 691  
Swannanoa, NC 28778



2. Article (Transfer from service label) 7015 0920 0001 9093 5218

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X *Beverly C Penland*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:



3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Jody Ashton  
C/O Jody Harwood  
127 Scenic View Drive  
Swannanoa, NC 28778



9590 9401 0185 5234 0076 40

2. Article Number (Transfer from service label) 7015 0920 0001 9093 5225

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X *Jody Ashton*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Insured Mail Restricted Delivery (over \$500)

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |                     |
|--|--|---------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Robert C. Ensely</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |                     |
| 1. Article Addressed to:<br><br>Judith and Robert Ensely<br>128 Scenic View Drive<br>Swannanoa, NC 28778<br><br>  | B. Received by (Printed Name)  | C. Date of Delivery |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |                     |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery                |  |                     |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |                     |
| 2. Article Number (Transfer from) <u>7015 0920 0001 9093 5232</u>  |  |                     |
| PS Form 3811, July 2013 Domestic Return Receipt  |  |                     |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                     |
|--|---|---------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>James Veck</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee      |                     |
| 1. Article Addressed to:<br><br>Mildred Southern<br>126 Scenic View Drive<br>Swannanoa, NC 28778<br><br>  | B. Received by (Printed Name)   | C. Date of Delivery |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |                     |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery                |   |                     |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |   |                     |
| 2. Article Number (Transfer from) <u>7015 0920 0001 9093 5249</u>  |   |                     |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                     |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                     |
|--|---|---------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Kharna Center</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |                     |
| 1. Article Addressed to:<br><br>Kharna Center<br>124 Scenic View Drive<br>Swannanoa, NC 28778<br><br>   | B. Received by (Printed Name)   | C. Date of Delivery |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No |                     |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery                |   |                     |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |   |                     |
| 2. Article Number (Transfer from) <u>7015 0920 0001 9093 5256</u>  |   |                     |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                     |

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Stephanie and David Trantham  
 122 Scenic View Drive  
 Swannanoa, NC 28778



2. Article Number (Transfer) **7015 0920 0001 9093 5263**

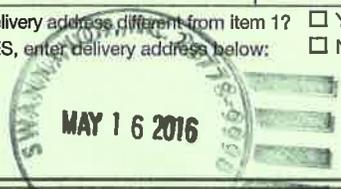
PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X Stephen Trantham*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Susan and Royce Smith  
 109 Elm Drive  
 Asheville, NC 28805



2. Article Number (Transfer) **7015 0920 0001 9093 5270**

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X Royce Smith*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Annette and Edwin Chamberlin  
 118 Scenic View Drive  
 Swannanoa, NC 28778



**7015 0920 0001 9093 5287**

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X Edwin Chamberlin*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Thelma Sparks  
PO Box 404  
Black Mountain, NC 28711



9590 9401 0185 5234 0076 57

2. Article Number (Transfer from service label)

7015 0920 0001 9093 5294

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Thelma Sparks*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

THELMA SPARKS

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Gary Robinson  
114 Scenic View Drive  
Swannanoa, NC 28778



9590 9401 0185 5234 0076 64

2. Article Number (Transfer from service label)

7015 0920 0001 9093 5300

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Patricia Robinson*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Frances and Patrick Coyle  
112 Scenic View Drive  
Swannanoa, NC 28778



9590 9401 0185 5234 0076 71

2. Article Number (Transfer from service label)

7015 0920 0001 9093 5317

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Frances Coyle*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

FRANCES COYLE

8/14/16

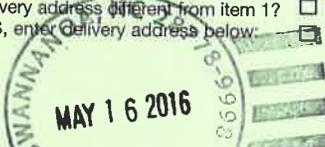
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

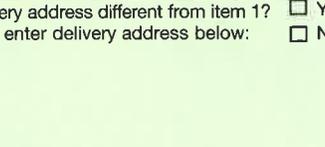
3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

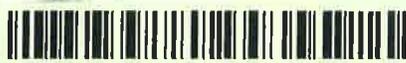
Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Bethany</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |
| 1. Article Addressed to:   | B. Received by (Printed Name) C. Date of Delivery  |
| Bethany and Andrew McKinney<br>110 Scenic View Drive<br>Swannanoa, NC 28778  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |
| <br>9590 9401 0185 5234 0076 88   |    |
| 2. Article Number (Transfer from service label)<br>7015 0920 0001 9093 5324  | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| PS Form 3811, July 2015 PSN 7530-02-000-9053   | Domestic Return Receipt  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Tolman Burns</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |
| 1. Article Addressed to:   | B. Received by (Printed Name) C. Date of Delivery  |
| Pam and Tolman Burns<br>108 Scenic View Drive<br>Swannanoa, NC 28778   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |
| <br>9590 9401 0185 5234 0076 95   |   |
| 2. Article Number (Transfer from service label)<br>7015 0920 0001 9093 5331  | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| PS Form 3811, July 2015 PSN 7530-02-000-9053   | Domestic Return Receipt  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Adan</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |
| 1. Article Addressed to:   | B. Received by (Printed Name) C. Date of Delivery  |
| Maria Rodriguez and Adan Castenda<br>106 Scenic View Drive<br>Swannanoa, NC 28778  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |
| <br>9590 9401 0185 5234 0077 01   |    |
| 2. Article Number (Transfer from service label)<br>7015 0920 0001 9093 5348  | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| PS Form 3811, July 2015 PSN 7530-02-000-9053   | Domestic Return Receipt  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
|--|---|--|---|--|---|---|--|---|---|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Janice Pittman</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/> <i>Janice Pittman</i> <i>5-20-16</i></p>  |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <p>1. Article Addressed to:</p> <p>Janice Pittman<br/>         PO Box 9393<br/>         Asheville, NC 28815</p>  <p>9590 9403 0626 5183 7397 84</p>                               | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <p>2. Article Number (Transfer from service label)<br/>         1015 0920 0001 9093 5355</p>   | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Insured Mail |  | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |
| <input type="checkbox"/> Adult Signature   | <input type="checkbox"/> Priority Mail Express®   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery   | <input type="checkbox"/> Registered Mail™   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input checked="" type="checkbox"/> Certified Mail®  | <input type="checkbox"/> Registered Mail Restricted Delivery  |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Return Receipt for Merchandise   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery   | <input type="checkbox"/> Signature Confirmation™  |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery   | <input type="checkbox"/> Signature Confirmation Restricted Delivery   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail  |   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)   |   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <p>Form 3811, April 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>   |   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
|--|---|--|---|--|---|---|--|---|---|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>David Dalton</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/> <i>David Dalton</i> <i>5-13-16</i></p>  |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <p>1. Article Addressed to:</p> <p>June Dalton and Robin Harvey<br/>         53 Indian Mound Trail<br/>         Fairview, NC 28730</p>  <p>9590 9403 0626 5183 7397 77</p>      | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <p>2. Article Number (Transfer from service label)<br/>         7015 0920 0001 9093 5362</p>   | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Insured Mail |  | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |
| <input type="checkbox"/> Adult Signature   | <input type="checkbox"/> Priority Mail Express®   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery   | <input type="checkbox"/> Registered Mail™   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input checked="" type="checkbox"/> Certified Mail®  | <input type="checkbox"/> Registered Mail Restricted Delivery  |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Return Receipt for Merchandise   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery   | <input type="checkbox"/> Signature Confirmation™  |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery   | <input type="checkbox"/> Signature Confirmation Restricted Delivery   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail  |   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)   |   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |
| <p>PS Form 3811, April 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>  |   |  |   |  |   |   |  |   |   |  |  |  |   |                                       |  |  |  |