

9589 0710 5270 3462 0780 34
9589 0710 5270 3462 0780 27
9589 0710 5270 3462 0780 72
9589 0710 5270 3462 0780 41

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To CYPRICH THOMAS E + DIANE L CYNTHIA L CYPRICH Street and Apt. No., or PO Box No. 24 VIGNE DRIVE City, State, ZIP+4® CARAPOLIS, PA 15108	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To IVANAC CHARLES ANTHONY Street and Apt. No., or PO Box No. 450 STATE LINE ROAD City, State, ZIP+4® BURGETTSTOWN, PA 15021	
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To MASLOWSKI ANITA + TED Street and Apt. No., or PO Box No. 400 STATE LINE ROAD City, State, ZIP+4® BURGETTSTOWN, PA 15021	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	



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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To RUPANI MICHELE Street and Apt. No., or PO Box No. 304 STATE LINE ROAD City, State, ZIP+4® BURGETTSTOWN, PA 15021	
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To IVANAC GERALD A + GERALD J + JASMIE L KUHN Street and Apt. No., or PO Box No. 304 STATE LINE ROAD City, State, ZIP+4® BURGETTSTOWN, PA 15021	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	



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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To MILVET KACY + IVANAC BRANDON Street and Apt. No., or PO Box No. 444 STATE LINE ROAD City, State, ZIP+4® BURGETTSTOWN, PA 15021	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	



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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		Postmark Here
\$		
Total Postage and Fees		
\$		

Sent To
 WILSON WILLIAM D JR.
 Street and Apt. No., or PO Box No.
 471 MILLER ROAD
 City, State, ZIP+4®
 AVELLA, PA 15312
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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		Postmark Here
\$		
Total Postage and Fees		
\$		

Sent To
 MCS FARM LLC
 Street and Apt. No., or PO Box No.
 4162 BULLTOWN ROAD
 City, State, ZIP+4®
 MURRYSVILLE PA 15668
 PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		Postmark Here
\$		
Total Postage and Fees		
\$		

Sent To
 WALASIK TERRY ALAN FARM TR DATED 1/10/2012
 Street and Apt. No., or PO Box No.
 426 BETHEL RIDGE ROAD
 City, State, ZIP+4®
 AVELLA, PA 15312
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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		Postmark Here
\$		
Total Postage and Fees		
\$		

Sent To
 GOULD FAMILY TRUST OF 2013 ALAN B + DAVID TRUSTEES
 Street and Apt. No., or PO Box No.
 65 ELDERSVILLE ROAD
 City, State, ZIP+4®
 BURGESSVILLE, PA 15021
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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		Postmark Here
\$		
Total Postage and Fees		
\$		

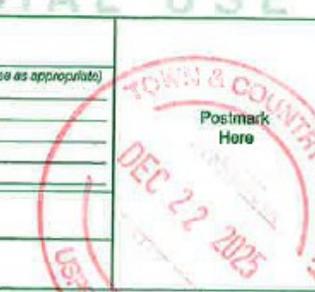
Sent To
 PITTSBURGH + OHIO CENTRAL RAILROAD
 Street and Apt. No., or PO Box No.
 205 ISLAND AVENUE
 City, State, ZIP+4®
 MCKEES ROCKS, PA 15136
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Certified Mail Fee		
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		Postmark Here
\$		
Total Postage and Fees		
\$		

Sent To
 WALASIK TERRY ALAN FARM TRUST
 Street and Apt. No., or PO Box No.
 421 BETHEL RIDGE ROAD
 City, State, ZIP+4®
 AVELLA, PA 15312
 PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	

Sent To
 CORNISH SCOTT DARWIN T ROBINSON AMANDA SWE
 Street and Apt. No., or PO Box No.
 123 MARTIN AVENUE
 City, State, ZIP+4®
 AVELLA, PA 15312

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	

Sent To
 COMMONWEALTH OF PA PA GAME COMMISSION
 Street and Apt. No., or PO Box No.
 8000 DERRY STREET
 City, State, ZIP+4®
 HARRISBURG, PA 17105

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	

Sent To
 HISTORICAL SOCIETY OF W PA PA NOVROFF CARP
 Street and Apt. No., or PO Box No.
 1212 SMALLMAN STREET
 City, State, ZIP+4®
 PITTSBURGH, PA 15222

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	

Sent To
 STARWOOD LAND CO LLC
 Street and Apt. No., or PO Box No.
 15 HOSPITAL CENTER BLVD, SUITE 1
 City, State, ZIP+4®
 HILTON HEAD ISLAND, SC 29926

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Certified Mail Fee	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	

Sent To
 STOKDALE DORSEY MARK + ANGELA M FERANTE
 Street and Apt. No., or PO Box No.
 702 STONELREST DRIVE
 City, State, ZIP+4®
 BERLIN, PA 15530

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	
Total Postage and Fees	
\$	

Sent To
 WARD CHERIE
 Street and Apt. No., or PO Box No.
 496 MILLER ROAD
 City, State, ZIP+4®
 AVELLA, PA 15312

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$



Sent To
 WERNER MATTHEW E
 Street and Apt. No., or PO Box No.
 195 BETHEL RIDGE ROAD
 City, State, ZIP+4®
 AVELLA PA 15312

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$



Sent To
 PUSKARICH ROBERT D & RACHEL E.
 Street and Apt. No., or PO Box No.
 133 BETHEL RIDGE ROAD
 City, State, ZIP+4®
 AVELLA, PA 15312

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7021 2720 0000 4547 5774

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$



Sent To
 WILSON WILLIAM D. JR.
 Street and Apt. No., or PO Box No.
 471 MILLER ROAD
 City, State, ZIP+4®
 AVELLA PA 15312

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$



Sent To
 HAYS DENNIS P.
 Street and Apt. No., or PO Box No.
 57 BETHEL RIDGE ROAD
 City, State, ZIP+4®
 AVELLA PA 15312

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$



Sent To
 JANNY GREGORY A & KIMBERLY J
 Street and Apt. No., or PO Box No.
 53 BETHEL RIDGE ROAD
 City, State, ZIP+4®
 AVELLA PA 15312

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$



Sent To
 SNYDER JAY & IONITA
 Street and Apt. No., or PO Box No.
 103 CHATEAU ROAD
 City, State, ZIP+4®
 ALTOONA, PA 15001

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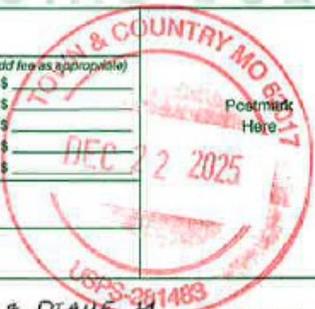
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
WARGO GEORGE R + DIANE M
 Street and Apt. No., or PO Box No.
620 BETHEL RIDGE ROAD
 City, State, ZIP+4®
AVELLA PA, 15312

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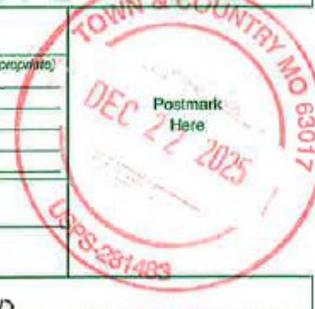
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
BERTOVICH DAVID D
 Street and Apt. No., or PO Box No.
571 BETHEL RIDGE ROAD
 City, State, ZIP+4®
AVELLA PA 15312

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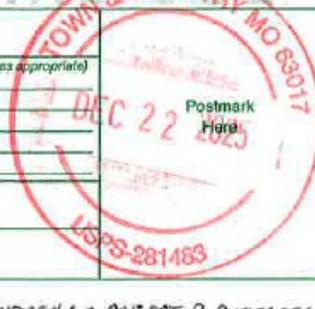
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
ROTELLIANT ROBERT + ANDREA L + ROBERT D. PUSKARCZAK
 Street and Apt. No., or PO Box No.
101 PENNACOT ROAD
 City, State, ZIP+4®
AVELLA PA 15312

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
FROGTOWN FAM LP
 Street and Apt. No., or PO Box No.
PO BOX 1212
 City, State, ZIP+4®
MCMURRAY PA 15317

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
NICKOLEE RANDY L
 Street and Apt. No., or PO Box No.
6 CROSS CREEK ROAD
 City, State, ZIP+4®
COLUMBUS WV 26035

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
PASTOR ARLENE F.
 Street and Apt. No., or PO Box No.
1324 MAIN STREET, ART. 1
 City, State, ZIP+4®
BURGETTSTOWN PA 15021

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9589 0710 5270 3462 0781 33

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
CHOFF PHILLIP FRANK III
 Street and Apt. No., or PO Box No.
361 BETHEL RIDGE ROAD
 City, State, ZIP+4®
AVELLA, PA 15312

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
ROTELLINE SHAWN
 Street and Apt. No., or PO Box No.
130 BETHEL RIDGE ROAD
 City, State, ZIP+4®
AVELLA, PA 15312

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
MENEELY JERRY DEAN & LINDA
 Street and Apt. No., or PO Box No.
51 LOCUST ROAD
 City, State, ZIP+4®
AVELLA, PA 15312

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
PAVKOVICH JEFFERY S & LAURA L
 Street and Apt. No., or PO Box No.
382 BETHEL RIDGE ROAD
 City, State, ZIP+4®
AVELLA, PA 15312

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$0.78
Total Postage and Fees	\$0.78

Sent To
PENNSYLVANIA GAME COMMISSION
 Street and Apt. No., or PO Box No.
2001 ELMERTON AVENUE
 City, State, ZIP+4®
HARRISBURG, PA 17110

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Sent To
LEININGER JOHN J III & LINDSAY A
 Street and Apt. No., or PO Box No.
362 BETHEL RIDGE ROAD
 City, State, ZIP+4®
AVELLA, PA 15312

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7021 2720 0000 4547 5767

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Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark
Here



Postage

\$

Total Postage and Fees

\$

Sent To

WATEAS DANIEL G. + EMILY L.
Street and Apt. No., or PO Box No.
469 MILLER ROAD
City, State, ZIP+4®
AVELLA, PA 15312

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Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postmark
Here



Postage

\$

Total Postage and Fees

\$

Sent To

KAIL SHIRLEY MENVI + RICHARD J.
Street and Apt. No., or PO Box No.
66 PLEASANT ROAD
City, State, ZIP+4®
MCDONALD, PA 15057

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
WEST VIRGINIA ST OF BUREAU OF COMM DIV OF NAT RES
Street and Apt. No., or PO Box No.

STATE CAPITOL COMPLEX
City, State, ZIP+4®
CHARLESTON, WV 25305

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
HAMILTON DEBORAH JANE
Street and Apt. No., or PO Box No.

373 STANWICH ROAD
City, State, ZIP+4®
GREENWICH, CT 06830

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
HOBREK MARGARET M
Street and Apt. No., or PO Box No.

319 BETHEL RIDGE ROAD
City, State, ZIP+4®
AVELLA, PA 15312

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
GOODMAN RICHARD & JAVICE
Street and Apt. No., or PO Box No.

1130 NEVILLE STREET
City, State, ZIP+4®
FOLLANSBE, WV 26037

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
JEFFERSON EXEMPT PROPERTIES, LTD
Street and Apt. No., or PO Box No.

670 CEDAR GROVE ROAD
City, State, ZIP+4®
BURGETTSTOWN, PA 15021

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
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Postage	\$
Total Postage and Fees	\$

Sent To
NICKOLES 3 LLC
Street and Apt. No., or PO Box No.

6 CROSS CREEK ROAD
City, State, ZIP+4®
COLLIERS, WV 26035

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- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$



Postmark Here

Postage

\$

Total Postage and Fees

\$

Sent To

WEST VIRGINIA ST OF BUREAU OF COMM DEV OF NAT RES

Street and Apt. No., or PO Box No.

324 4TH AVENUE

City, State, ZIP+4®

SOUTH CHARLESTON, WV 25303

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