

August 5, 2019

BY ELECTRONIC MAIL ONLY

Kevin Martin, Esq. Compliance & Procedures Specialist
Maine Department of Environmental Protection
17 State House Station
Augusta, ME 04330

RE: Nordic Aquafarms, Inc. SLODA/NRPA Application #L-28319-26-A-N/L-28319-TG-B-N/L-28319-4E-CN/L28319-L6-D-N/L-28319-TW-E-N; WDL Application W009200-6F-A-N; MEPDES Application ME0002771; Air Emissions Application #A-1146-71-AN Belfast/Northport, Maine

Dear Attorney Martin:

This letter is in response to your letter dated August 2, 2019, in which you requested additional information in connection with notice provided regarding the area of project work on Perkins Road in connection with Nordic Aquafarms, Inc.'s ("NAF") Belfast Aquaculture Project (the "Project").

Accordingly please find attached pdf files of the following:

- A list of Perkins Road abutters who received notice due to their proximity to the sewer line extension. Please note that Goldenrod Properties, LLC (owner of Belfast Tax Map 4, Lot 18), the Grants (owners of Belfast Tax Map 4, Lot 9), and Mr. Matthew C. Holmes (owner of Belfast Tax Map 4, Lot 9-A) were included on the list of notice recipients provided with the above captioned applications;
- Copies of the Certified Mail Return Receipts indicating notice has been delivered.

Should you have any questions or concerns, please do not hesitate to reach out to me. Thank you for your patient and careful review of this project.

Sincerely,



Joanna B. Tourangeau

August 5, 2019

Page 2

cc: BEP Petitioners Service List revised July 23, 2019
BEP Preliminary Service List revised July 22, 2019

Perkins Road Abutters

George F. and Jane F. Holmes
John W. Holmes
33 Batter Road
Belfast, ME 04915
Map 4, Lot 11

Hyde-Tingle Family Trust
Marian J. Hyde, Trustee
Thomas H. Tingle, Trustee
29 Sunrise Terrace
Plaistow, NH 03865
Map 4, Lot 15

Shirley E. Boyle
9 Perkins Road
Belfast, ME 04915
Map 4, Lot 20

Arthur Lloyd Abbott
Joanne Margaret Abbott
243 Northport Avenue
Belfast, ME 04915
Map 30, Lot 36

Justin P. Emerson
Jennifer A. Emerson
25 Perkins Road
Belfast, ME 04915
Map 4, Lot 13

Mathews Brothers Company
c/o Scott Hawthorne, President
PO Box 345
Belfast, ME 04915
Map 4, Lot 16

Florine M. Small
7 Perkins Road
Belfast, ME 04915
Map 4, Lot 21

Mary G. Thompson Living Trust
Dated 12/30/15
21 Perkins Road
Belfast, ME 04915
Map 4, Lot 14

Rodney C. Merrithew
58 Maple Street
Stockton Springs, ME 04981
Map 4, Lot 19

Curt R. Edgerly
Debra Edgerly
245 Northport Avenue
Belfast, ME 04915
Map 29, Lot 43

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

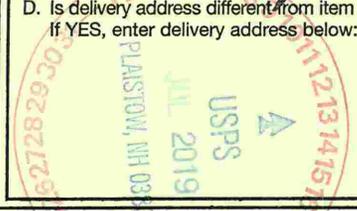
Sent To Arthur Lloyd Abbott
 Joanne Margaret Abbott
 243 Northport Avenue
 Belfast, ME 04915

Street and A
 City, State, Z

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark
Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Arthur Abbott</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Arthur Abbott</i></p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Arthur Lloyd Abbott Joanne Margaret Abbott 243 Northport Avenue Belfast, ME 04915</p>	
 9590 9402 4426 8248 5420 78	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 1450 0000 2514 8630</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Marian Hyde</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MARIAN J. HYDE</p> <p>C. Date of Delivery 7/13/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Hyde-Tingle Family Trust Marian J. Hyde, Trustee Thomas H. Tingle, Trustee 29 Sunrise Terrace Plaistow, NH 03865</p>			
<p>2. Article Number (Transfer from service label) 7017 1450 0000 2514 8579</p>			
<p>3. Service Type</p> <p><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</p>			
 9590 9402 4426 8248 5420 16			
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<p>Postage \$</p> <p>Total Postage \$</p> <p>Sent To</p> <p>Street and</p> <p>City, State</p>	<p>Hyde-Tingle Family Trust Marian J. Hyde, Trustee Thomas H. Tingle, Trustee 29 Sunrise Terrace Plaistow, NH 03865</p>
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<p>Postage \$</p> <p>Total Postage \$</p> <p>Sent To</p> <p>Street and</p> <p>City, State</p>	<p>Florine M. Small 7 Perkins Road Belfast, ME 04915</p>
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Florine Small</i> <input type="checkbox"/> Agent <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 If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Florine M. Small 7 Perkins Road Belfast, ME 04915</p>			
<p>2. Article Number (Transfer from service label) 7017 1450 0000 2514 8616</p>			
<p>3. Service Type</p> <p><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</p>			
 9590 9402 4426 8248 5420 54			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage \$ _____

Sent To
 Curt R. Edgerly
 Debra Edgerly
 245 Northport Avenue
 Belfast, ME 04915

Street and
 City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:
 Curt R. Edgerly
 Debra Edgerly
 245 Northport Avenue
 Belfast, ME 04915

2. Article Number (Transfer from service label)
 7017 1450 0000 2514 8623

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 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

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

Adult Signature Restricted Delivery

9590 9402 4426 8248 5420 61

PS Form 3811, July 2015 PSN 7530-02-000-9053 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:
 Mathews Brothers Company
 c/o Scott Hawthorne, President
 PO Box 345
 Belfast, ME 04915

2. Article Number (Transfer from service label)
 7017 1450 0000 2514 8586

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

Adult Signature Restricted Delivery

9590 9402 4426 8248 5420 23

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

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Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

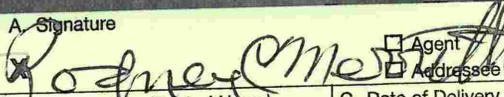
Postage \$ _____

Total Postage \$ _____

Sent To
 Mathews Brothers Company
 c/o Scott Hawthorne, President
 PO Box 345
 Belfast, ME 04915

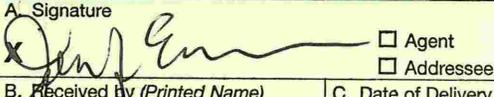
Street and
 City, State

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<ul style="list-style-type: none"> 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. 		<p>A. Signature </p> <p>B. Received by (Printed Name) Rodney Merrithew</p> <p>C. Date of Delivery 7-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Rodney C. Merrithew 58 Maple Street Stockton Springs, ME 04981</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 1450 0000 2514 8593</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

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Certified Mail Fee \$ _____	Postmark Here
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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 Post \$ _____	Rodney C. Merrithew 58 Maple Street Stockton Springs, ME 04981
Sent To _____	Street and _____
City, State _____	_____
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OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
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 Post \$ _____	Justin P. Emerson Jennifer A. Emerson 25 Perkins Road Belfast, ME 04915
Sent To _____	Street and _____
City, State _____	_____
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature </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 If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Justin P. Emerson Jennifer A. Emerson 25 Perkins Road Belfast, ME 04915</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 1450 0000 2514 8555</p>		<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	

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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 \$ _____

Sent To
 \$ _____

Street and

City, State

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- 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:
 Mary G. Thompson Living Trust
 Dated 12/30/15
 21 Perkins Road
 Belfast, ME 04915


 9590 9402 4426 8248 5420 09

2. Article Number (Transfer from service label)
 7017 1450 0000 2514 8562

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 *Mary Thompson 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

Restricted Delivery

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:
 George F. and Jane F. Holmes
 John W. Holmes
 33 Batter Road
 Belfast, ME 04915


 9590 9402 4426 8248 5419 89

2. Article Number (Transfer from service label)
 7017 1450 0000 2514 8548

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *John W. Holmes* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 7/15

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

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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 \$ _____

Sent To
 \$ _____

Street and

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

George F. and Jane F. Holmes
John W. Holmes
33 Batter Road
Belfast, ME 04915

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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 Post
\$ _____

Sent To
Shirley E. Boyle
9 Perkins Road
Belfast, ME 04915

Street and

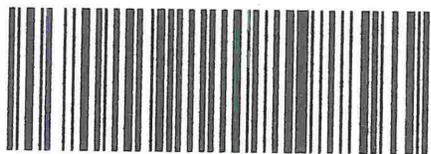
City, State,

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

DrummondWoodsum
ATTORNEYS AT LAW

84 Marginal Way, Suite 600, Portland, ME 04101-2480

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07/11/2019
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~~KLH~~
DEC

Shirley E. Boyle
9 Perkins Road
Belfast, ME 04915

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**RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER**

1: 93083100844323

049522069-1N FWD
049522069-1N

