9589 0710 5270 1485 0638 08

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

CODE-26-2
144 Salmon Kill Rd
Order

For delivery information, visit our website at *www.usps.com*®.

OFFICIAL USE

Certified Mail Fee
$

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
$

SALISBURY CT 06068
OCT 17 2026
USPS

Postmark Here

Sent To Seth J Churchill Trustee

Street and Apt. No., or PO Box No. 144 Salmon Kill Road

City, State, ZIP+4® Lakeville, CT 06039

PS Form 3800, January 2023 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:

SETH J CHURCHILL TRUSTEE
SETH J CHURCHILL REVOC TRUST
144 SALMON KILL ROAD
LAKEVILLE, CT 06039

9590 9402 9296 4295 2663 38

2. Article Number *(Transfer from service label)*

9589 0710 5270 1485 0638 08

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X D Smith

☑ Agent
☐ Addressee

B. Received by *(Printed Name)* DSmith

C. Date of Delivery 10/10/26

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
- ☐ [illegible]Mail
- ☐ [illegible]Mail Restricted Delivery
- ☐ [illegible]0)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #

9590 9402 9296 4295 2663 38

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Town of Salisbury
Land Use Office
P.O. Box 548
Salisbury, CT 06068