

BALLOON PHOTO PRESENTATION

TowerCom

Wireless Communications Facility Balloon Tether Documentation

Proposed 195.0'agl Telecommunications Facility is to be located at or near 1941 Mt. Carmel Church Rd, Chapel Hill, NC 27514. The Balloon is 3.50' in diameter and holds 25 cubic feet of helium. The balloon as pictured is tethered at One Hundred and Ninety-Five Feet (195 feet in height/altitude) above ground, at the centerline of the proposed tower facility location. The pictures that follow are taken with a 16.0 mega pixel digital camera with the lens set at 5.0mm to represent a "normal view" that is representative of what a person would see at ground level if viewing the balloon at similar and representative distances.*

The site coordinates are N 35° 51' 52.848" W 79° 01' 50.836". The site elevation is approximately 275 ft AMSL.

The center line of the proposed tower is located in a mature heavily wooded area and also a full canopy as shown on the aerial view of the site location map herein. The 3.5' diameter balloon was used in order to be able to penetrate the canopy and achieve a validation for this balloon test.

The photography for this documentation was shot between the hours of 10:00AM and 2:00PM on October 15, 2016. The winds during this time were about 5mph (ENE); "calm". The blimp was mostly stable and vertical over the proposed centerline. Attached are wind graphs that depict actual conditions during the blimp tether.

**Note: Some of the photography of the balloon may be "zoomed" to depict the balloon in place where necessary, when the subject balloon is not visible on the 5.0mm lens setting. Zoom range is 5.0mm to 25mm optical.*

GRAHAM HERRING COMMERCIAL REAL ESTATE GRAPHIC SERVICES
PROVIDING PROFESSIONAL SPECIALTY SERVICES TO THE TELECOMMUNICATIONS INDUSTRY

The photography for this documentation was shot between the hours of 10:00AM and 2:00PM. The winds during this time were about 5mph (ENE). The balloon was mostly stable and vertical over the proposed centerline. Below are wind charts that depict the wind direction and speed during the balloon tether.

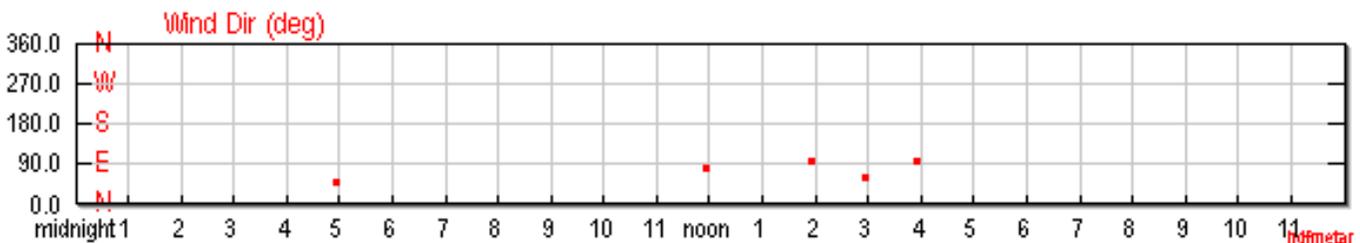
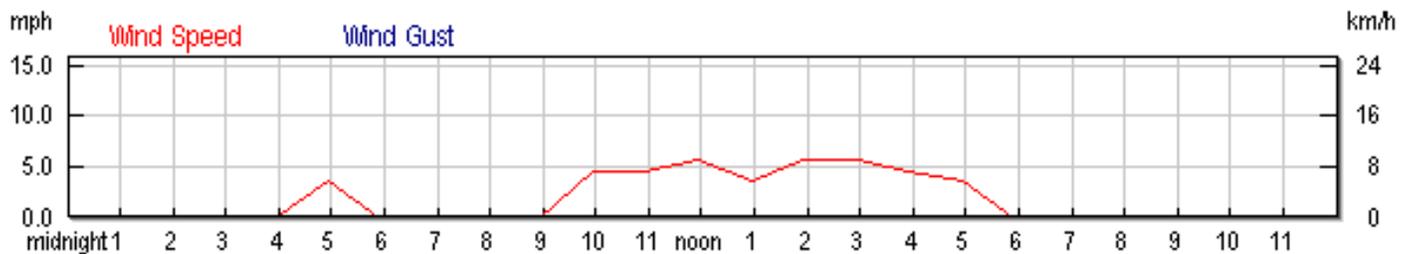
WEATHER HISTORY FOR KIGX

Saturday, October 15, 2016

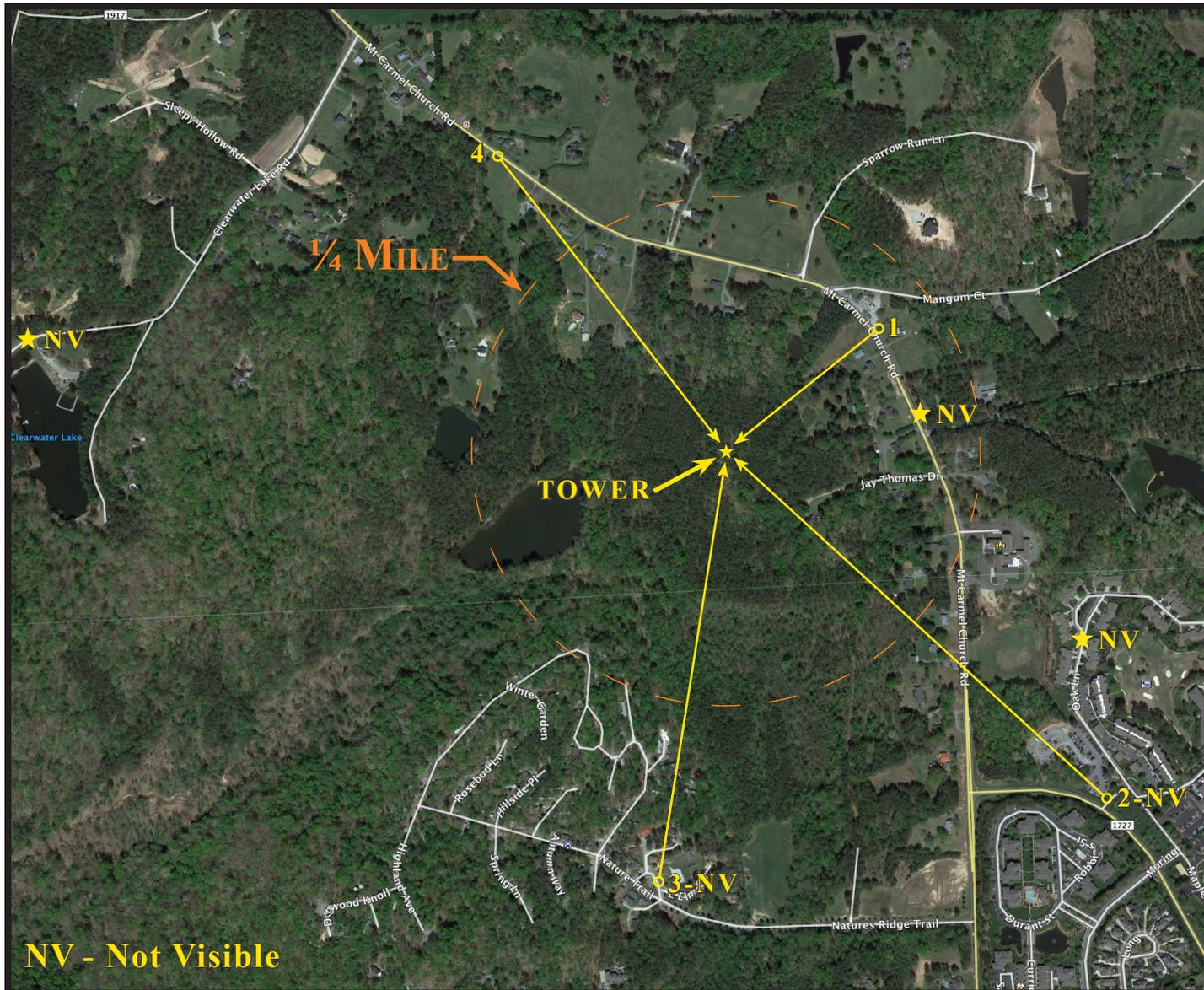
	Actual	Average	Record
Mean Temperature	61 °F	-	
Max Temperature	72 °F	74 °F	87 °F (2008)
Min Temperature	51 °F	44 °F	27 °F (1988)
Dew Point	53 °F		
Average Humidity	83		
Maximum Humidity	100		
Minimum Humidity	53		
Precipitation	0.00 in	-	- ()
Sea Level Pressure	30.34 in		
Wind Speed	1 mph (ENE)		
Max Wind Speed	6 mph		
Max Gust Speed	-		
Visibility	10 miles		
Events			

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary



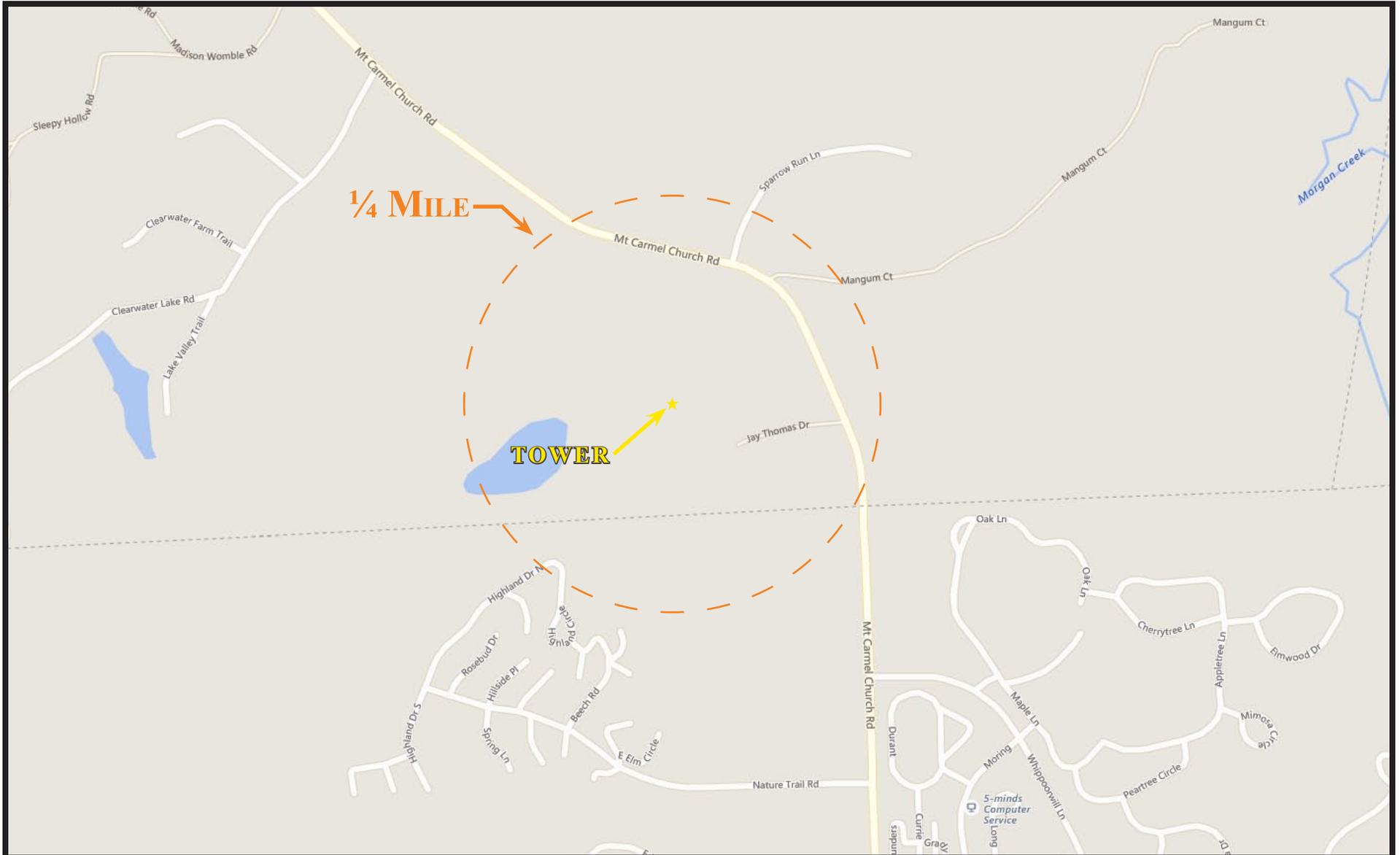




- 1 - Looking southwest towards site from Mt Carmel Church Rd south of Mangum Ct. (0.19mi)
- 2 - **Not Visible.** Looking northwest towards site from Maple Ln entrance to Carolina Meadows. (0.51mi)
- 3 - **Not Visible.** Looking north by northeast towards site from W Elm Cir near club house. (0.43mi)
- 4 - Looking southeast towards site from Mt Carmel Church Rd just east of the Aqueduct Conference Center. (0.37mi)

NV = Not Visible

NV - Not Visible





VIEW FROM LOCATION 1



SIMULATED VIEW FROM LOCATION 1



VIEW FROM LOCATION 2



VIEW FROM LOCATION 3



VIEW FROM LOCATION 4



SIMULATED VIEW FROM LOCATION 4

**APPLICATION FOR ZONING APPROVAL BY TOWERCOM IV, LLC FOR THE
CONSTRUCTION OF A NEW TELECOMMUNICATION TOWER AND RELATED
APPURTENANCES**

(CLEARWATER LAKE SITE)

BALLOON TEST COMMENT REPORT

Section 5.10.8.B.3.h of the Orange County Unified Development Ordinance (the "Ordinance") requires the following:

"A report containing any comments received by the applicant in response to the balloon test along with color photographs from various locations around the balloon."

A balloon test for the proposed Clearwater Lake Wireless Telecommunication Facility was performed on Saturday, October 15, 2016 at the subject Property between the hours of 10:00 a.m. and 2:00 p.m. The following comments were received by the applicant during the balloon test:

1. A few members of the public indicated that they did not see the balloon and asked where it was located. The Applicant and County staff explained to them different locations from which the balloon was visible;
2. One member of the public indicated that she was able to see the balloon from the Carmel Market on Mount Carmel Church Road, but not from other locations;
3. One nearby neighbor to the subject Property, Phil Sparrow, indicated that he was unable to see the balloon from his property, but could see the balloon from Mount Carmel Church Road;
4. A few members of the public inquired about the ability to see the balloon due to winds that increased towards the end of the balloon test (a NWS weather report summarizing the day's wind activity is attached to the photosimulation report). Specifically, Evan Gwyn went to the balloon test site and reported that the balloon line was hung in tree branches and that the wind was blowing the balloon over at times. The balloon test consultant returned to the site location and was able to quickly relieve the balloon line. The County Planner visited the balloon test location and confirmed the consultant had freed the balloon line to his satisfaction. Within 10 minutes of his original notification, Mr. Gwyn was reached on his mobile phone and informed that the balloon line was freed.

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:

JESSE C RILEY
SYLVIA RILEY
1800 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 9673

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> 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:

FRANCES HOWELL FRIDAY
JOHN M MULLEN
1637 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 9680

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COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID R BARNES
 PATRICIA T BARNES
 1725 MT CARMEL CHURCH RD
 CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 9697

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

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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:

PHILIP M SPARROW
 CYNTHIA R PURVIS
 1729 MT CARMEL CHURCH RD
 CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 9703

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Domestic Return Receipt

102595-02-M-1540

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A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WALLACE S GRAGG
 ESTA H GRAGG
 10008 CREW
 CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 9710

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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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:

JAMES MICHAEL CAMPBELL, JR.
 CAROL R CAMPBELL
 1812 MT CARMEL CHURCH RD
 CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 9727

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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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:

ROBERT W BRITT
717 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2551

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NATHALIE WORTHINGTON TRUST
6822 22ND AVE #222
ST PETERSBURG, FL 33710

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2568

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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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:

WYNNE C THOMAS TRUSTEE
1003 JAY THOMAS DR
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2575

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

EDWARD S WILLIAMS
81112 ALEXANDER
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2582

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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.
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1. Article Addressed to:

JONATHAN M SPARROW
1544 CLEARWATER LAKE RD
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2599

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102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERYA. Signature Agent
X 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: No3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAMES F ANDERSON, JR.
SOLVEIG K ANDERSON
204 EDGEWATER CIR
CHAPEL HILL, NC 27516

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2605

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERYA. Signature Agent
X 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: No3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ARVILLA STIFFLER
 JAMES M JOHNSON
 1841 MT CARMEL CHURCH RD
 CHAPEL HILL, NC 27514

2. Article Number

(Transfer from service label)

7014 2120 0001 2142 2612

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

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

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RYAN BAYLEY
 INDIA BAYLEY
 7015 SPARROW RUN LN
 CHAPEL HILL, NC 27517

2. Article Number

(Transfer from service label)

7014 2120 0001 2142 2629

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

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

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAM D GOODRICH
1175 MOUNT CARMEL CHURCH RD
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2636

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

LARRY T SHORT
2002 MT CARMEL CH RD
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2643

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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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:

BUCKNER FAMILY FARM TRUST
109 W FRANKLIN ST, SUITE 1
ROCKINGHAM, NC 28379

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2650

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
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1. Article Addressed to:

CARLA R HORNER
FRANK HORNER
1808 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2667

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Domestic Return Receipt

102595-02-M-1540

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A. Signature

X

 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

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4. Restricted Delivery? (Extra Fee) Yes

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DOVEFIELD, LLC
901 WILLOW DR, SUITE 2
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2674

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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1. Article Addressed to:

JONATHAN M SPARROW
1154 CLEARWATER LAKE RD
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2681

PS Form 3811, February 2004

Domestic Return Receipt

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X

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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1. Article Addressed to:

FRANK M MARONEY
1811 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2698

PS Form 3811, February 2004

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A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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 Registered Return Receipt for Merchandise
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1. Article Addressed to:

CLARENCE OAKLEY
1819 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2704

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

L SHORT, LLC
P O BOX 150
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2711

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

THOMAS M CHEEK, JR.
993 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2728

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

CUB CREEK PROPERTY, LLC
129 TIMBERHILL PLACE
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2735

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

CUB CREEK PROPERTY, LLC
100 TIMBERHILL PLACE
UNIT 129
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2742

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

MOUNT CARMEL BAPTIST CHURCH
OF CHAPEL HILL, NC INC.
2016 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2759

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

NITA B HONEYCUTT
7984 OLD GRAHAM RD
PITTSBORO, NC 27312

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2766

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

NORMAN JAMES HORTON
1923 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2773

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

HELGA HORTON
1937 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2780

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

JANET LEIGH MCDUFFIE
 LLYOD G BELPERAIN
 2009 MT CARMEL CHURCH RD
 CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)**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: No3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 2142 2797

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

CHARLES C DANIEL, III
 222 ROBERTSON RD
 ROXBORO, NC 27574

2. Article Number
(Transfer from service label)**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: No3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 2142 2803

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

CHERNOFF AMBER A CORBIN
1733 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27517

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2810

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

CAROLINA MEADOWS
100 CAROLINA MEADOWS
CHAPEL HILL, NC 275178505

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2827

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

NATURE TRAIL ASSOCIATES
9073 NEMO STREET
WEST HOLLYWOOD, CA 90069

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2834

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

AARON HONEYCUTT
7984 OLD GRAHAM RD
PITTSBORO, NC 27312

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2841

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

WILLIAM D GOODRICH
1175 MT CARMEL CHURCH RD
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2858

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

DONALD L CHEEK
RONALD CHEEK
4348 CHATHAM CHURCH RD
SANFORD, NC 27330

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2865

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

BEN F CHEEK
ELLEN CHEEK
1130 MADISON WOMBLE RD
CHAPEL HILL, NC 27514

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2872

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

LOIS C HOENIG
309 LINDSEY ST EXT
CARRBORO, NC 27510

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2889

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 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

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
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:

ALICE D CHEEK MARTINDALE
5 CAROLINA MEADOWS
APT 303
CHAPEL HILL, NC 27517

2. Article Number

(Transfer from service label)

7014 2120 0001 2142 2896

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

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:

ROCKY MCCAMPBELL
KIMBERLEIGH MCCAMPBELL
11310 GOVERNORS DR
CHAPEL HILL, NC 27517

2. Article Number

(Transfer from service label)

7014 2120 0001 2142 2902

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

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:

JOHN W HUFFSTETLER
 PHILIP M HUFFSTETLER
 231 PITTSBORO SCHOOL RD
 PITTSBORO, NC 27312

2. Article Number
(Transfer from service label)

7014 2120 0001 2142 2919

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- 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

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

Domestic Return Receipt

102595-02-M-1540