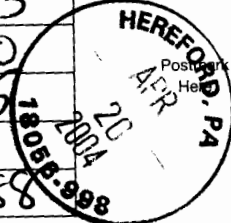


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0015 1776 3518

Postage	\$.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Recipient's Name (Please Print Clearly) (to be completed by mailer)
 North Whitehall Twp. Supervisors
 Street, Apt. No., or PO Box No.
 3256 Levans Rd.
 City, State, ZIP+4
 Coplay, PA 18037

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:

North Whitehall Twp.
 Supervisors
 3256 Levans Rd.
 Coplay, PA 18037

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) DARLENE A. UHEKICK B. Date of Delivery 4-21-04

C. Signature Darlene A. Uhekick Agent Addressee

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

2. Article Number (Copy from service label)

70993400001517763518

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

699E 947T 5776 0000 004E 6607

Postage	\$.83
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 488



Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Lehigh Valley Planning Comm.
 Street, Apt. No. or PO Box No.
 961 Marcon Blvd, Ste 310
 City, State ZIP+4
 Allentown, PA 18109-9397

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:
 Lehigh Valley Planning
 Commission
 961 Marcon Blvd, Ste
 310
 Allentown, PA 18109-
 9397

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Alice J. Lipe
 B. Date of Delivery 4/21/04
 C. Signature *Alice J. Lipe*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

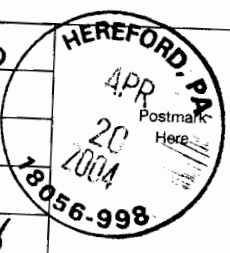
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 70993400 00151776 3693

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0015 1776 7370

Postage	\$ 83
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 488



Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Mr. Robert Karp Dir / LC Ctr.
 Street, Apt. No., or PO Box No.
 17 South 17th St.
 City, State, ZIP+4
 Allentown, PA 18101-2400


See Reverse for Instructions

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:
 Mr. Robert Karp, Director
 Dept. of Planning
 Lehigh County Gov't Ctr.
 7 South 7th St.
 Allentown, PA 18101-2400

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
Joan Lorenz	4-22-04
C. Signature	
	
<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
<input type="checkbox"/> Is delivery address different from item 1?	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> YES, enter delivery address below:	<input checked="" type="checkbox"/> No
APR 22 2004	

3. Service type

EXECUTIVE OFFICE
 LEHIGH COUNTY Mail

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 70993400001517767370