

RECEIVED

By Bourne Health Department at 11:40 am, Aug 23, 2023

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

ANDREW D. & SUSAN STEIN
102 LINCOLN LANE
SUDBURY, MA 01776

10 Harbor Way, Bourne - BOH



9590 9402 8136 2349 7388 26

2. Article Number (Transfer from service label)

7022 2410 0003 3888 9467

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X *Andrew Stein*
- B. Received by (Printed Name) C. Date of Delivery
Andrew Stein *8/14/23*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type Priority Mail Express® Registered Mail™
- Adult Signature Registered Mail Restricted Delivery
- Adult Signature Restricted Delivery Certified Mail®
- Certified Mail Restricted Delivery Signature Confirmation™
- Collect on Delivery Signature Confirmation Restricted Delivery
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1. Article Addressed to:

NEWMAN & EILEEN FLANAGAN
PO BOX 1315
POCASSET, MA 02559-1315

10 Harbor Way, Bourne - BOH



9590 9402 8136 2349 7388 33

2. Article Number (Transfer from service label)

7022 2410 0003 3888 9450

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X *Eileen Flanagan*
- B. Received by (Printed Name) C. Date of Delivery
Newman Flanagan *8.14.23*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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- Adult Signature Restricted Delivery Certified Mail®
- Certified Mail Restricted Delivery Signature Confirmation™
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1. Article Addressed to:

HEATHER L BUDRYK
PO BOX 571
POCASSET, MA 02559

10 Harbor Way, Bourne - BOH



9590 9402 8136 2349 7388 02

2. Article Number (Transfer from service label)

7022 2410 0003 3888 9481

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X *Heather Budryk*
- B. Received by (Printed Name) C. Date of Delivery
Heather Budryk *8/15/2023*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type Priority Mail Express® Registered Mail™
- Adult Signature Registered Mail Restricted Delivery
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- Certified Mail Restricted Delivery Signature Confirmation™
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- Collect on Delivery Restricted Delivery Restricted Delivery

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

CHRISTINA STEVENS TR
THE LIGHTHOUSE REALTY TRUST
PO BOX 571
SOUTH CHATHAM, MA 02659

10 Harbor Way, Bourne - BOH



9590 9402 8136 2349 7387 96

2. Article Number (Transfer from service label)

7022 2410 0003 3888 9498

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X *Christina Stevens*
- B. Received by (Printed Name) C. Date of Delivery
CHRISTINA BEZON *8/15/23*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

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1. Article Addressed to:

CRONIN REALTY FAMILY LIMITED
PARTNERSHIP
P.O. BOX 802
POCASSET, MA 02559

10 Harbor Way, Bourne - BOH



9590 9402 8136 2349 7386 66

2. Article Number (Transfer from service label)

7022 2410 0003 3888 9542

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X *Rosemarie Cronin*
- B. Received by (Printed Name) C. Date of Delivery
Rosemarie Cronin *8/15/2023*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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Domestic Return Receipt