

**RECEIVED**

By Bourne Health Department at 11:41 am, Aug 23, 2023

Tracking Number:

**70222410000338888897**

Copy Add to Informed Delivery

**Latest Update**

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

Get More Out of USPS Tracking:

USPS Tracking Plus®

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Postage:	\$ .63
Certified Fee:	\$ 4.35
Return Receipt Fee:	\$ 3.55
<b>Total Postage &amp; Fees:</b>	<b>\$ 8.53</b>

STEVEN WETHERELL &  
 JUDITH CURRY  
 309 WEST STREET  
 MIDDLETOWN, CT 06457  
 457 CIRCUIT AVE., BOURNE - BOH

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

7022 2410 0003 3888 8897



- Delivered
- Out for Delivery
- Preparing for Delivery

**Moving Through Network  
In Transit to Next Facility**

July 31, 2023

**Departed USPS Regional Facility**

HARTFORD CT DISTRIBUTION CENTER  
July 27, 2023, 10:11 pm

**Arrived at USPS Regional Facility**

HARTFORD CT DISTRIBUTION CENTER  
July 27, 2023, 10:28 am

**Arrived at USPS Regional Origin Facility**

PROVIDENCE RI DISTRIBUTION CENTER  
July 26, 2023, 9:11 pm

**Departed Post Office**

SAGAMORE BEACH, MA 02562  
July 26, 2023, 5:15 pm

**USPS in possession of item**

SAGAMORE BEACH, MA 02562  
July 26, 2023, 4:46 pm

Hide Tracking History

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Nancy McCarthy</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>NANCY MCCARTHY</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>John E. &amp; Nancy A McCarthy Trs            NANCY A MCCARTHY FAMILY TR            P.O. BOX 3083            POCASSET, MA 02559-3083            457 CIRCUIT AVE., BOURNE - BOH</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>2 Article Number (Transfer from service label)</p> <p>9590 9402 8136 2349 7386 80</p> <p>7022 2410 0003 3888 8910</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 type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Martha Roy</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Martha Roy</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>MARTHA W. ROY &amp;            MICHAEL P. ROY            720 COUNTY ROAD            POCASSET, MA 02559            457 CIRCUIT AVE., BOURNE - BOH</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>2 Article Number (Transfer from service label)</p> <p>9590 9402 8136 2349 7387 10</p> <p>7022 2410 0003 3888 8880</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 type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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<p>1. Article Addressed to:</p> <p>Joan M. &amp; Christopher T. Pratt, TRS            JM PRATT REV LIV TRUST            73 TAYLOR AVENUE            DEDHAM, MA 02026            457 CIRCUIT AVE., BOURNE - BOH</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>2 Article Number (Transfer from service label)</p> <p>9590 9402 8136 2349 7386 97</p> <p>7022 2410 0003 3888 8903</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 type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	