ECEIVED	SENDS:R: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
ECEIVED Bourne Health Department at 11:40 am	Aug 23, 2023 plete items 1, 2, and 3.	A. Signature
Journe Fleurar Department at 11.40 um	your name and address on the reverse	X PX NST Agent
	so that we can return the card to you.	Addressee
	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes
	Robin M. Stone, Trustee	If YES, enter delivery address below: No
	The Redbrook Harbor Trust	
	P.O. Box 68	
	Cataumet, MA 02534	
	60 Red Brook Harbar D. J. D. BOH	
	60 Red Brook Harbor Road, Bourne - BOH	2 Consider Time
		3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
		☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Registered Mail Restricted
	9590 9402 8136 2349 7388 57	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
	Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery Restricted Delivery
	7022 2410 0003 3888 945	☐ Insured Mail
	PS Form 3811, July 2020 PSN 7530-02-000-9053	
	1 0 1 0 111 0 0 11, duly 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	married to the second s	
	- US SECTION	COMPLETE THIS SECTION ON DELIVERY
	SENDER: COMPLETE THIS SECTION	A. Signature
	Complete items 1, 2, and 3.	Agent Li Agent
	- District rome and address on the reverse	X Druce Part Addressee
	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
	Attach this card to the back of the mailpiece, or on the front if space permits.	The Alleger address different from item 1? Yes
	Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: □ No
	1. Altioloridal section 1	If YES, enter delivery address below.
	Bruce R. & Patricia Parker	
	P.O. Box 512	
* * *	Cataumet, MA 02534	
	60 Red Brook Harbor Road, Bourne - BOH	
	OU Red Blook Harbor Road, Bodine	3. Service Type ☐ Priority Mail Express®
		☐ Adult Signature ☐ Registered Mail TM
		Certified Mail® Delivery
	9590 9402 8136 2349 7388 40	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation
	Transfer from content to	Delivery Restricted Delivery Restricted Delivery
	7022 2410 0003 3888 94	43 all Restricted Delivery
		(over \$500) Domestic Return Receipt
	PS Form 3811, July 2020 PSN 7530-02-000-9053	
	The state of the s	
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	■ Complete items 1, 2, and 3.	A. Signature
	Print your name and address on the reverse	I Agent
	so that we can return the card to you.	Addressee □ Addressee
	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
	or on the front if space permits.	I MULTICALLY XILYA
		D. Is delivery address different from item 1? Wes If YES, enter delivery address below:
	Commonwealth of MA Ex. Office of Trans & Construction	If YES, enter delivery address below:
	10 Park Plaza, Suite 3170	
	Boston, MA 02116	
	60 Red Brook Harbor Road, Bourne - 1 80 h	
	11 2 11 2 1 12 1 12 1 12 1 12 1 12 1	2 Coming Time
		☐ Adult Signature ☐ Registered Mail™
	9590 9402 8136 2349 7388 64	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Delivery
		☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation
	Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery Restricted Delivery ☐ Insured Mail
	7022 2410 0003 3888 94	Mail Restricted Delivery
	PS Form 3811. July 2020 PSN 7530-02-000-9053	Domostic Patura Passint