	1 一次 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
ECEIVED	Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	A. Signature X 1 Agent Addressee
Bourne Health Department at 11:48 am, Aug 0	9, 2023 h this card to the back of the mailpiece, the front if space permits.	B. Received by (Printed Name) Levin Douce The 7-27-23
	Article Addressed to:	D. Is delivery address different from item 1? Yes
	Doucette Naidene A & Kevin W Doucette	If YES, enter delivery address below:
	86 Circuit Avenue	
	Pocasset, MA 02559	하는 회문에 작가 하는 하는 그를 보고 있다.
	go Circuit BOA Morse	
	9590 9402 8123 2349 5051 89	3. Service Type □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Cellect on Delivery □ Signature Confirmation™ □ Signature Confirmation □ Signature Confirmation
	2. Article Number (Transfer from service label) 9589 0710 5270 0163 3864	Collect on Delivery Restricted Delivery Restricted Delivery Aail Restricted Delivery Aail Restricted Delivery I Aail Restricted Delivery
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	the speed to	COMPLETE THE CHATTON ON DESIGNATION
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
	Attach this card to the back of the mailpiece, or on the front if space permits.	Peter K. Mart /2 //2
	Meier Peter K	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	PO Box 855	
	Pocasset, MA 02559	
	90 Circuit Box Morse	
	9590 9402 8123 2349 5051 58 2 Article Number (Transfer from service label)	3. Service Type □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Registered Mail Restricted Delivery □ Signature Confirmation Restricted Delivery □ Restricted Delivery
14	9589 0710 5270 0163 3864	1ail lail Restricted Delivery
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	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 so that we can return the card to you.	X) nda - 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. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes
	Randy Morse	If YES, enter delivery address below: No
	PO Box 907	
	Pocasset, MA 02559 Go Circuit Bon Morse	
		3. Service Type ☐ Priority Mail Express®
	9590 9402 8123 2349 5051 41	□ Adult Signature □ Registered Mail [™] □ Adult Signature Restricted Delivery □ Registered Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Signature Confirmation
	2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery ☐ Sestricted Delivery
	9589 0710 5270 0163 3864	ii Restricted Delivery
	PS Form 3811 July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

	And the state of t	
	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	
	so that we can return the card to you.	X Way War Agent 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.	G. Bate of Belivery
	O'Regan James &	D. Is delivery address different from item 1? Yes
		If YES, enter delivery address below:
	Mary Agnes O'Regan	
	89 Plymouth Street	
	Carver, MA 02330-1035	
	90 Circuit BOA Morce	
	TO CITCUIT BOX MORSE	Laurence and the second control of the secon
		3. Service Type ☐ Priority Mail Express®
		☐ Adult Signature Restricted Delivery
	9590 9402 8123 2340 5054 70	☐ Certified Mail® Delivery
-	AND THE PERSON AND TH	☐ Collect on Delivery
	9510 0310 5355	□ Collect on Delivery Restricted Delivery □ Restricted Delivery Restricted Delivery
		37 Il Restricted Delivery
-	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
		Demestic neturn necelpt
	is the second of	
	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	X Agent
	so that we can return the card to you.	Li 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.	D. Is delivery address different from item 1? Yes
	1. Town of Bourne	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	24 Perry Avenue	
	Buzzards Bay, MA 02532	
	90 Circuit BOH Morse	
		3. Service Type ☐ Priority Mail Express®
		☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Registered Mail Restricted
	9590 9402 8123 2349 5052 02	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
		☐ Collect on Delivery ☐ Signature Confirmation
	2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Restricted Delivery
	9589 0710 5270 0163 3864	Mail Restricted Delivery
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Rece
	TARRETT CLEARING CREATERING TO CO.	
j		
	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	X Agent 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,	B. Received by Intraced Walls and St. Sales of S
	or on the front if space permits.	D. Is delivery address different from item 1? Yes
	Winther Donn G &	If YES, enter delivery address below: No
	Nancy S Winther	5707 L
	681 Heatons Mill Circle	10L 27 2023 1
	Longhorne, PA 19047	111
		12
	90 Circuit But morse	
		3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
		☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
	9590 9402 8123 2349 5051 65	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
		☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery
	2 Article Number (Transfer from service label)	Mail
	9589 0710 5270 0163 3864	Mail Restricted Delivery 500)

λ	
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com®.	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate) Return Receipt (hardcopy) \$	
Return Receipt (electronic) \$ Postmark Certified Mail Restricted Delivery \$ Here Adult Signature Required \$	
Postage	
Solution Congdon Gerald Solution Solutio	
Sent To Acton, MA 01720	
Street and OCICUIT BUT Morse	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	