	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
RECEIVED	Complete items 1, 2, and 3.	A Signature
	Print your name and address on the reverse	x JUULIUM Plagen
y Bourne Health Department at 11:43 am, Au	Attach is card to the back of the mailpiece,	B. Received by (Printed Mame) C. Date of Delivery
	or on the front if space permits.	D. Is delivery address different from item 1? Yes
	1. Article Addressed to:	D. Is delivery address different from item 1? If Yes, enter delivery address below:
	Congdon Gerald S 172 Skyline Drive	
	Acton, MA 01720	
	90 Circuit Bott	
		B. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	0500 0400 0400 0040 5064 00	Adult Signature Restricted Delivery
	•	□ Certified Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation □ Signature Confirmation □ Collect on Delivery Restricted Delivery
	2. Article Number (Hansiel Holl) service label	Mail Restricted Delivery
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	PS Form 30 11, July 2020 PSN 7530-02-000-9053	Donestic Heturn receipt
		COMPLETE THIS SECTION ON DELIVERY
	SENDER: COMPLETE THIS SECTION	
	■ Complete items 1, 2, and 3.	A. Signature Agent
	Print your name and address on the reverse 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.	8/16
	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	Doucette Naidene A &	IT YES, enter delivery address bolow.
	Kevin W Doucette	
	86 Circuit Avenue	
	Pocasset, MA 02559  Pocasset, MA 02559  Bott	
	90 Circuit But	3. Service Type
		☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail ™ ☐ Registered Mail Restrict ☐ Certified Mail®
	9590 9402 8123 2349 5070 77	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation ☐ Collect on Delivery ☐ Signature Confirmation
19	2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Restricted Delivery
	9589 0710 5270 0867 6810 8	ad Mail Restricted Delivery \$500)
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receip
	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 Veli Men Agent
	so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
	or on the front if space permits.	Peter Meior 8/16/2023
	1. Article Addressed to:  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 BOH	
		3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
3	9590 9402 8123 2349 5070 46	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation
		☐ Certified Mail Restricted Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery Restricted Delivery
	2. Article Number (Transfer from service label) 9589 0710 5270 0867 6809	Mail Mail Restricted Delivery
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receip
	. 5 1 5 111 5 5 1 1, buly 2020 1 511 1 500-02-000-5050	Solitodio Hotalii Hoodip

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	Mo√Se □ Agent □ Addressee
	so that we can return the card to you.  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 If YES, enter delivery address below:
	Robert Morse	1 120, 0110. 00110.) 00110.
	PO Box 907	
	Pocasset, MA 02559	
	90 Circuit Both	
	9590 9402 8123 2349 5064 52	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Signature Confirmation™ □ Signature Confirmation
	Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery  Mail  Mail
	9589 0710 5270 0867 6810 !	Mail Restricted Delivery
91	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	***	40
1	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
		A. Signature
	Complete items 1, 2, and 3.  Print your name and address on the reverse	▼ All IIII
	so that we can return the card to you.	Addressee Li 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
	Article Addressed to:	D. Is delivery address different from item 1?  Yes
	O'Regan James &	If YES, enter delivery address below:   No
	Mary Agnes O'Regan	
	89 Plymouth Street	
	Carver, MA 02330-1035	
	90 Circuit BOH	
		3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	9590 9402 8123 2349 5070 60	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Delivery
	0000 0102 0120 2010 0010 00	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™☐ Collect on Delivery ☐ Signature Confirmation
-	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery  Mail  Restricted Delivery
,		Mail Restricted Delivery
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	and the same of th	
	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 M Agent
	so that we can return the card to you.  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.	Maria Simone
	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	Town of Bourne	I TEGORIAL CONTROL CON
	Beach Area off Circuit Avenue	
	24 Perry Avenue	
	Buzzards Bay, MA 02532	
	90 Circuit BOTT	3. Service Type ☐ Priority Mail Express®
		☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted
	9590 9402 8123 2349 5064 45	☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
	A Atiala Number (Transfer from service label)	☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery
	9589 0710 5270 0867 6810	fail 4 3 Mail Restricted Delivery
		0)

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	Domestic Mail Only
70	www.usps.com®.
2980	\$ Extra Services & Fees (check box, add fee as appropriate)  Return Receipt (hardcopy) \$
5270	Return Receipt (electronic) \$ Pastmark   Certified Mail Restricted Delivery \$ Here   Adult Signature Required \$ Postage
0710	Total Winther Donn G &
m	Nancy S Winther  Sent 661 Heatons Mill Cr  Stree Longhorne, PA 19047
75	City, 90 Circuit Both
	PS Form 3800, January 2023 PSN 7590-02-000-9047 See Reverse for Instructions