

RECEIVED

By Bourne Health Department at 4:01 pm, Dec 07, 2022

Tracking Number:

70221670000304018108

Copy Schedule a Redelivery

Latest Update

Your item arrived at the POCASSET, MA 02559 post office at 10:19 am on December 3, 2022 and is ready for pickup.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Available for Pickup

Available for Pickup

POCASSET, MA 02559
December 3, 2022, 10:19 am

Out for Delivery

POCASSET, MA 02559
December 1, 2022, 8:54 am

Arrived at Post Office

POCASSET, MA 02559
December 1, 2022, 8:43 am

Departed USPS Regional Origin Facility

PROVIDENCE RI DISTRIBUTION CENTER
November 30, 2022, 10:14 pm

Arrived at USPS Regional Origin Facility

PROVIDENCE RI DISTRIBUTION CENTER
November 30, 2022, 1:02 am

Departed Post Office

SAGAMORE BEACH, MA 02562
November 29, 2022, 5:09 pm

USPS in possession of item

SAGAMORE BEACH, MA 02562
November 29, 2022, 4:55 pm

Hide Tracking History

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage:	\$.57
Certified Fee:	\$ 4.00
Return Receipt Fee:	\$ 3.25
Total Postage & Fees:	\$ 7.82



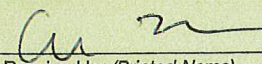

Wes Chasen Benny, LLC
53 Jonathan Bourne Drive
Pocasset, MA 02559

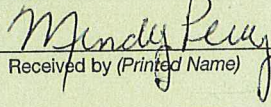

68 Elgin Road, Bourne - BOH

7022 1670 0003 0401 8108

PS Form 3800, 7/21

for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Kevin Landrigan & Christine Landrigan 27 Whitehall Way Bellingham, MA 02019</p> <p>68 Elgin Road, 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>
 9590 9402 7721 2152 5060 99	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0003 0401 8115</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Judith N. Goldbert & C. Russel Hansen, Jr., TRS RPG Nom Trust 130 Mount Auburn Street, Unit 412 Cambridge, MA 02138</p> <p>68 Elgin Road, 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>
 9590 9402 7721 2152 5060 82	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 1670 0003 0401 8122</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>