

3 Sunny Lane

RECEIVED

By Bourne Health Department at 9:47 am, Dec 14, 2022

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Kelly Dennis
 15 Mashnee Road
 Buzzards Bay, MA 02532



9590 9402 6455 0346 0877 16

2. Article Number (Transfer from service label)

7021 1970 0001 5981 3680

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address correct? If YES, enter del

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Mail (over \$500)

7021 1970 0001 5981 3680

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total	\$

Postmark Here

Kelly Dennis
 15 Mashnee Road
 Buzzards Bay, MA 02532

NOV 10 2022

PS Form 3811, July 2020 PSN 7530-02-000-9053 See reverse for instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Rolph Bradford F &
 Dawn M Pischetola
 96 Christian Hill Road
 Upton, MA 01568-1214



9590 9402 6455 0346 0876 93

2. Article Number (Transfer from service label)

7021 1970 0001 5981 3666

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address correct? If YES, enter del

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Mail (over \$500)

7021 1970 0001 5981 3666

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total	\$


Postmark Here

Rolph Bradford F &
 Dawn M Pischetola
 96 Christian Hill Road
 Upton, MA 01568-1214

NOV 10 2022

PS Form 3811, July 2020 PSN 7530-02-000-9053 See reverse for instructions

3 Sunny Lane

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"/> <i>Will Coyne</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>Mr. Liam Coyne</i> <i>22 Fair View Lane</i> <i>Norton, MA 02766</i></p>  <p>9590 9402 7092 1251 5991 81</p>	<p>D. Is delivery address If YES, enter deli</p> <p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restrict <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restrict <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Signature Required <input type="checkbox"/> Signature Restricted Delivery
<p>2. Article Number (Transfer)</p> <p><i>7021 1970 0001 6145 9289</i></p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>

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OFFICIAL USE

NOV 10 2022

Certified Mail Fee		Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		
Sent To <i>Liam Coyne</i>		
Street and Apt. No., or PO Box No. <i>22 Fair View Lane</i>		
City, State, ZIP+4® <i>Norton, MA 02766</i>		

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

7021 1970 0001 6145 9289

3 Sunny Lane

7021 1970 0001 5981 3659

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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total \$ _____

Sent To: Johnston Amanda & Todd Johnston

Street: 319 Pemberton Street

City: Philadelphia, PA 19147-3213

Postmark Here: NOV 10 2022

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



0 0001 5981 3673

OFFICIAL MAIL

Johnston Amanda & Todd Johnston
319 Pemberton Street
Philadelphia, PA 19147-3213

Handwritten signature

stamps
endicia
06250014950405
\$7.820
US POSTAGE
FIRST-CLASS
NOV 10 2022
02649

NIXIE 171 DE 1 0011/20/22
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
*1022-02156-19-39

11/25

7021 1970 0001 5981 3659

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

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total \$ _____

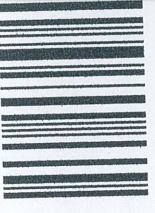
Sent To: Schaller David M Etux Lindsey D Schaller

Street: 3656 31st Street Apt C

City: San Diego, CA 92104

Postmark Here: NOV 10 2022

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



11 5981 3659

Schaller David M Etux
Lindsey D Schaller
3656 31st Street Apt C
San Diego, CA 92104

PROVIDENCE RI 02649
10 NOV 2022PM 3

stamps
endicia
06250014950449
\$7.820
US POSTAGE
FIRST-CLASS
NOV 10 2022
02649

NIXIE 911 FE 1 0011/23/22
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
*1022-05739-10-39

9400922052327130
ANIK K01:2913500202020205 4

9400922052327130
ANIK K01:2913500202020205 6