

7017 1000 0001 1701 3029

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

OFFICIAL USE

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) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ 7.85



Sent To: Marcus G. Jones, Chief of Police
Street and Apt. No., or PO Box No.: 100 Edison Park Dr., 3rd Floor
City, State, ZIP+4®: Gaithersburg, Maryland Encar. 208787

PS Form 3800, April 2015 PSN 7530-02-000-9047 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: Marcus G. Jones, (acting as) Chief of Police
MONTGOMERY COUNTY POLICE DEPARTMENT (Inc.)

- Default Judgment [Ex: B]
- Certification Letter from Morocco Consular Court
- Certification Letter from MO. CO. DISTRICT



9590 9402 2078 6132 4107 72

2. Article Number (Transfer from service label)

7017 1000 0001 1701 3029

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) RACSS COVID 19

C. Date of Delivery 4/21

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail

Mail Restricted Delivery (00)

Domestic Return Receipt

7017 1000 0001 1701 3012

CERTIFIED MAIL® RECEIPT
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Certified Mail Fee \$

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Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ 7.85



Sent To: John J. McCarthy, State's Attorney
Street and Apt. No., or PO Box No.: 50 Maryland Ave., 5th Floor
City, State, ZIP+4®: Rockville, Maryland Encar. 208507

PS Form 3800, April 2015 PSN 7530-02-000-9047 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: John J. McCarthy, State's Attorney for MONTGOMERY COUNTY

- Default Judgment [Ex: B]
- Certification Letter from Morocco Consular Court
- Certification Letter from MO. CO. DISTRICT



9590 9402 2078 6132 4107 58

2. Article Number (Transfer from service label)

7017 1000 0001 1701 3012

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) [Signature]

C. Date of Delivery 4/19/21

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail

Mail Restricted Delivery (00)

Domestic Return Receipt

7017 1000 0001 1701 3036

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

OFFICIAL USE

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) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$ 7.85



Sent To: Carolyn M. Creel, Admin. Commissioner
Street and Apt. No., or PO Box No.: 191 East Jefferson Street
City, State, ZIP+4®: Rockville, Maryland Encar. 208507

PS Form 3800, April 2015 PSN 7530-02-000-9047 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: Carolyn M. Creel, Administrative Commissioner, DISTRICT COURT FOR MONTGOMERY COUNTY (Inc.)

- Default Judgment [Ex: B]
- Certification Letter from Morocco Consular Court
- Certification Letter from MO. CO. DISTRICT



9590 9402 2078 6132 4107 41

2. Article Number (Transfer from service label)

7017 1000 0001 1701 3036

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) Frank J. Brown

C. Date of Delivery 4/19/21

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail

Mail Restricted Delivery (00)

Domestic Return Receipt