

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 lemay
250 Perkins Dr #211
Lincolnshire, IL 60069



9590 9402 8234 3030 4647 59

2. Article Number (transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
Marcus Lemay Addressee
- B. Received by (Printed Name) Addressee
Marcus Lemay Addressee
- C. Date of Delivery
7-5-23
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Article Bait. 2
 250 Perkins Dr #200
 Lincoln, IL 62455



2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Steele* Agent Addressee
 B. Received by (Printed Name) *Steele* C. Date of Delivery *7/15*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2020 PSN 7530-02-000-9003

Domestic Return Receipt

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:

David B. BARRAS
 2222 Park St, Apt
 20150, MA 02116



9590 9402 8234 3030 4648 65

2. Article Number (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Received by (Printed Name) Addressee
 B. Received by (Printed Name) Date of Delivery
 C. Is delivery address different from item #? Yes No
 D. If YES, enter delivery address below:

3. Service Type
- Adult Signature Restricted Delivery
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express
 - Registered Mail
 - Registered Mail Restricted Delivery
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

David Shepard
1116 Av. S America
4th Floor
NY, NY 10036



9590 9402 8234 3030 4647 66

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lorenzo Agent
 Addressee

B. Received by (Printed Name) **Lorenzo** C. Date of Delivery **7/5**

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express
 - Registered Mail
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:

*Silver Metallic Buckhorn
5550 Fox mt
Tribcolds Street
Dorset ma 01911*

9590 9402 8234 3030 4648 27



2. Article Number (Transfer from service label)

PS Form 3811, July 2020 PSN 7530-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (printed Name) *[Signature]*

C. Date of Delivery *7/05/23*

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

3. Service Type

<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Delivery Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Restricted Delivery
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

0 0222 1202

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:

*Donna Gomez
15813 Propina
N3, N3 1033*

9590 9402 8234 3030 464773



2. Article Number (transfer from service label)

PS Form 3811, July 2020 PSN 7630-02-000-9003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature Agent
 Address

B. Received by (Printed Name) Date of Delivery
W. Weber

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

1102-1 Harris
 100 S. Penn. Street
 12th Fl.
 Boston, MA 02110

9590 9402 8234 3030 4647 97



2. Article Number (Transfer from service label)

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Deanna Coia Agent
 Address

B. Received by (Printed Name) **C. Date of Delivery**
 5 July 25

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



- 3. Service Type**
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express
 - Registered Mail
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Tamara's work
250 Parkview Dr #270
Lynchburg, VA 24506



9590 9402 7524 2098 7306 87

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 B. Received by (Printed Name) Addressee
 C. Date of Delivery 7/5
 D. Is delivery address different from form 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery, Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

5th Fl. Corbill
5000 5th Fl. Dr
5th Fl. 304
Orlando, FL 01830

9590 9402 8234 3030 4648 03



2. Article Number (Transfer from service label)

COMPLETE THIS SECTION BY ADDRESSEE

02EE2 EE25 T000 DEEE 2202

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) Agent
 [Signature] Addressee

C. Date of delivery
 7/10/23

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

[Empty box for delivery address]

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Delivery Point |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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. *1*

*250 Berkley Ln. #110
Lincoln Sh. IL 60469*

9590 9402 7524 2098 7307 00



2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 SCD Addressee

B. Received by (Printed Name) *SCD* C. Date of Delivery *7/5*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9153

Domestic Return Receipt

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:

*Original Kilpatrick
250 Park Ave Dr #201
Lipicola, VA, IL 22969*



9590 9402 8234 3030 4647 04

2. Article Number (Transfer from service label)

PS Form 3811, July 2020 PSN 7530-02-000-9-653

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Steven Addressee

B. Received by (Printed Name) Date of Delivery
Steven 7/9

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

3. Service Type

<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

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:

250 Parkway Dr - 210
Litchfield, IL 60147



9590 9402 7524 2098 7306 94

2. Article Number (transfer from service label)

PS Form 3811, July 2020 PSN 7530-02-000-9033

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 B. Recipient (By Printed Name) Addressee
 C. Date of Delivery 7/5
 Address different from item 1? Yes
 for delivery address below: No

3. Service Type
- Adult Signature Restricted Delivery
 - Adult Signature Restricted Mail®
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Certified Mail Restricted Delivery Signature Confirmation™
 - Certified Mail Restricted Delivery Signature Confirmation™ Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation™ Restricted Delivery

Domestic Return Receipt

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- 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:

Mary Boese
 2100 Parkway Dr #210
 Lincoln Park, IL 60067



2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

Mary Boese Addressee

B. Received by (Printed Name) Addressee

Mary Boese Delivery

C. Date of Delivery

7/5

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

MS

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9033

Domestic Return Receipt

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- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tim Borklin
Kingsport
100 Jagsport Blvd
Malvern PA 19355



9590 9402 8234 3030 4648 58

2. Article Number (Transfer from service label)

PS Form 3811, July 2020 PSN 7530-02-000-6033

COMPLETE THIS SECTION ON DELIVERY

A. Signature

MANGUARD

- Agent
- Addressee

B. Received by (Printed Name)

B. TRAVIS

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

