

7018 2290 0000 7486 5430

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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	\$ _____

Postmark
Here

Postage

\$ _____

Total Post

\$ _____

Sent To

Annalise L. Samuels
6 Tower Terrace
Wareham, MA 02571

Street and

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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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	\$ _____

Postmark
Here

Postage

\$ _____

Total Post

\$ _____

Sent To

Scott F. Amaral
Norine A. Amaral
28 Tower Terrace
Wareham, MA 02571

Street and

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

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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	\$ _____

Postmark
Here

Postage

\$ _____

Total Post

\$ _____

Sent To

Mallory Decas
3 Tower Terrace
Wareham, MA 02571

Street and

City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 2290 0000 7486 5409

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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	\$ _____

Postmark
Here

Postage

\$ _____

Total Post

\$ _____

Sent To

Mark A. Hennessey, Tr
Patricia J. Hennessey Sup Needs Tr
4 Tower Terrace
Wareham, MA 02571

Street and

City, State, 2

PS Form 3800, April 2015 PSN 7530-02-000-9047

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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	\$ _____

Postmark
Here

Postage

\$ _____

Total Post

\$ _____

Sent To

Nazih B. Elkallassi
20 Tower Terrace
Wareham, MA 02571

Street and

City, State, 2

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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	\$ _____

Postmark
Here

Postage

\$ _____

Total Post

\$ _____

Sent To

Fremont C. Staples
9 Bodfish Avenue
Wareham, MA 02571

Street and

City, State

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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	\$

Postmark
Here

Postage	\$
Total P _c	\$
Sent To	The Wareham Land Trust Inc
Street	P.O. Box 718
City, State	Wareham, MA 02571

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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	\$

Postmark
Here

Postage	\$
Total P _c	\$
Sent To	Matthew Peters
Street	25 Gibbs Avenue
City, State	Wareham, MA 02571

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

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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	\$

Postmark
Here

Postage	\$
Total P _c	\$
Sent To	15 Gibbs Ave LLC
Street	P.O. Box 231
City, State	Wareham, MA 02571

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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	\$

Postmark
Here

Postage	\$
Total P _c	\$
Sent To	Daniel J. McKay
Street	Mary E. McKay
City, State	2 Tower Terrace
	Wareham, MA 02571

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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	\$

Postmark
Here

Postage	\$
Total P _c	\$
Sent To	Michelle D. Giasson, Life Estate
Street	7 Tower Terrace
City, State	Wareham, MA 02571

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

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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	\$

Postmark
Here

Postage	\$
Total P _c	\$
Sent To	Carol Donovan
Street	9 Tower Terrace
City, State	Wareham, MA 02571

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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 \$	
Sent To	Robert Francis Graham
Street and	Geraldine Anne Graham
City, State	1 Tower Terrace Wareham, MA 02571

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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 \$	
Sent To	Dean J. Decas
Street and	Melissa Decas
City, State	3 Tower Terrace Wareham, MA 02571

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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 \$	
Sent To	Angeliki Decas
Street and	5 Tower Terrace
City, State	Wareham, MA 02571

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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 \$	
Sent To	George Riviera
Street and	Kimberly A. Rivera
City, State	520 Main Street Wareham, MA 02571

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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 \$	
Sent To	Matthew J. Biedugnis
Street and	Kim A. Biedugnis
City, State	16 Tower Terrace Wareham, MA 02571

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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 \$	
Sent To	James F. Greene
Street and	12 Tower Terrace
City, State	Wareham, MA 02571

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

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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 P	
\$	Sent To	
Street	Richard J. Paling 10 Tower Terrace Wareham, MA 02571	
City, St		

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\$		
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 P	
\$	Sent To	
Street	Susan E. Govoni Sequeiro, Tr 500 Head of the Bay Road Buzzards Bay, A 02532	
City, St		

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