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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 C19495.00/GLC/SP/Wareham/DAV/cad
Sent To SHERMAN MICHAEL E
3 DIVISION AVE
WAREHAM, MA 02571
City, State, ZIP+4

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

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 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total Postage C19495.00/GLC/SP/Wareham/DAV/cad
Sent To HOHL JARED W
2708 CRANBERRY HWY
WAREHAM, MA 02571
City, State, ZIP+4

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

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 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total Postage C19495.00/GLC/SP/Wareham/DAV/cad
Sent To LATHAM PETER R JR, LATHAM JOSEPH W
7B MEADOWLARK DRIVE
WAREHAM, MA 02571
City, State, ZIP+4

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)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total Postage C19495.00/GLC/SP/Wareham/DAV/cad
Sent To FANIEL SHARON L
6 SPRUCE ST
WAREHAM, MA 02571
City, State, ZIP+4

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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 C19495.00/GLC/SP/Wareham/DAV/cad
Sent To VASCIANNIE HENRY
2710 CRANBERRY HWY
WAREHAM, MA 02571
City, State, ZIP+4

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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 C19495.00/GLC/SP/Wareham/DAV/cad
Sent To JACOBS MARY BETH
7A MEADOWLARK DRIVE
WAREHAM, MA 02571
City, State, ZIP+4

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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 C19495.00/GLC/SP/Wareham/DAV/cad
Sent To FLORIN DO JOAN C
4 SPRING AVE
WAREHAM, MA 02571
City, State, ZIP+4

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)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total Postage C19495.00/GLC/SP/Wareham/DAV/cad
Sent To ROHRBACH CHARLES, ROHRBACH VICTORIA
2712 CRANBERRY HWY
WAREHAM, MA 02571
City, State, ZIP+4

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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 C19495.00/GLC/SP/Wareham/DAV/cad
Sent To PERRY WILLIAM R & EILEEN C, TR
PERRY FAMILY NOMINEE TRUST
15 RHODE ISLAND RD
LAKEVILLE, MA 02347
City, State, ZIP+4

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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 C19495.00/GLC/SP/Wareham/DAV/cad
Sent To POWER MICHAEL
2714 CRANBERRY HWY
WAREHAM, MA 02571
City, State, ZIP+4

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)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$
Total Postage C19495.00/GLC/SP/Wareham/DAV/cad
Sent To TILL CHRISTOPHER G, ROCHESTER FRANCES M
4 DIVISION AVE
WAREHAM, MA 02571
City, State, ZIP+4

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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 C19495.00/GLC/SP/Wareham/DAV/cad
Sent To MIRANDA SETH, MIRANDA ATHENA
2706 CRANBERRY HWY
WAREHAM, MA 02571
City, State, ZIP+4

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

7022 3330 0001 7409 9312

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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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To PENNINGTON HENRY B, PENNINGTON DORIS A
454 COUNTY RD
W WAREHAM, MA 02576
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To KING GABRIEL A, KING SHELLEY M
4 PHEASANT AVE
WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To MCGONAGLE HUGH D, MCGONAGLE MARYANN
2 PHEASANT AVE
WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To DEMARCO PAUL JR, DEMARCO ANGELA
1 PHEASANT AVE
WAREHAM, MA 02571
City, State, ZIP+4

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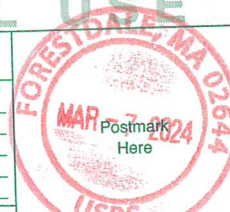
OFFICIAL USE

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 Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To KASPAR PAUL F, KASPAR JUDITH
121 FEARING HILL RD
W WAREHAM, MA 02576
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To GOMES RASHAUN AMADO, JOIA CAYLEEN
19 WHIPPOORWILL WAY
WAREHAM, MA 02571
City, State, ZIP+4

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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To HARDSOG WILLIAM G
21 WHIPPOORWILL WAY
WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To BARBERO PETER J, BARBERO APRIL D
3 PHEASANT AVE
WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To CARMAN KIM
5B PHEASANT AVE UNIT 2
WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To DALLIS DANIELLE N
5 PHEASANT AVE UNIT 1
WAREHAM, MA 02571
City, State, ZIP+4

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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To SILVA KENNETH P, SILVA KAREN A
13 WHIPPOORWILL WAY
WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad
Sent To AYALA JOHN R, AYALA JOANNE
15 WHIPPOORWILL WAY
WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ ZION MARK A, ZION JANE C
Sent To
18 WHIPPOORWILL WAY
Street and Apt. No.
WAREHAM, MA 02571
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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7022 3330 0001 7409 9428

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ GLEICK MICHAEL A
Sent To
31 POINT ST
BERKLEY, MA 02779
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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7022 3330 0001 7409 9411

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ MOORE CAROLYN M
Sent To
5D PHEASANT AVE UNIT 4
WAREHAM, MA 02571
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ MARTIN CLAUDIA
Sent To
5 PHEASANT AVE UNIT C
WAREHAM, MA 02571
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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7022 3330 0001 7409 9473

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ GRACE LIGHTHOUSE FELLOWSHIP
Sent To
PO BOX 1
WAREHAM, MA 02571
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ OMALLEY JOHN R
Sent To
12 WHIPPOORWILL WAY
WAREHAM, MA 02571
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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

7022 3330 0001 7409 9459

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ FERRANTI JAMES N, FERRANTI ANTOINETTE M
Sent To
184 PEARL ST
SOMERVILLE, MA 02143
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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7022 3330 0001 7409 9442

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ SMITH HOLLY
Sent To
16 WHIPPOORWILL WAY
WAREHAM, MA 02571
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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7022 3330 0001 7409 9510

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ HOLLAND ANN-MARIE, HOLLAND ROBERT D
Sent To
53 HOLLY TREE LANE
MIDDLEBORO, MA 02346
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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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	\$

Postage
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ ARUAX WALTER MARTINEZ
Sent To
2697 CRANBERRY HWY, #10
WAREHAM, MA 02571
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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7022 3330 0001 7409 9497

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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
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ WAREHAM TECH GAS LLC
Sent To
2701 CRANBERRY HWY
WAREHAM, MA 02571
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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7022 3330 0001 7409 9480

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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
\$ C19495.00/GLC/SP/Wareham/DAV/cad
Total Postage and
\$ DEMIRANDA MANUEL
Sent To
2648 CRANBERRY HWY
WAREHAM, MA 02571
Street and Apt. No.
City, State, ZIP+4

Postmark Here
MAR - 7 2024
FORESTDALE, MA 02644
USPS

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

7022 3330 0001 7409 9558

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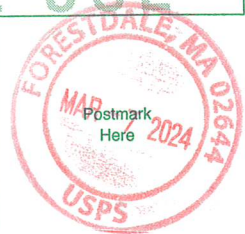
OFFICIAL USE

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 Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To EDGE RYAN D, GABRIEL SARAH M
2697 CRANBERRY HWY #16
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To SULLIVAN TAYNA
2697 CRANBERRY HWY #15
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To KELLELY MARIANA ELIZABETH
2697 CRANBERRY HWY #14
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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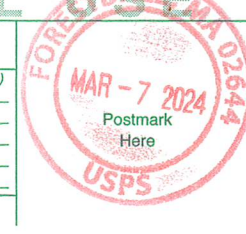
OFFICIAL USE

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 Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To ALDEN SELENA
2697 CRANBERRY HWY #12
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To SIVERSTEIN JUDITH LYNN, JUDITH LYNN SILVERSEIN
REVOCABLE TRUST
29 BRIARWOOD CIRCLE
Street and Apt. No. NEEDHAM, MA 02494
City, State, ZIP+4

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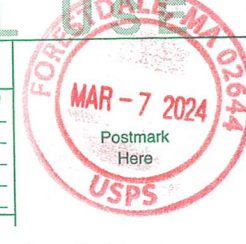
OFFICIAL USE

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 Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To TREEFUL GREEN LIFE ESTATE
2697 CRANBERRY HWY UNIT 3C
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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7022 3330 0001 7409 9572

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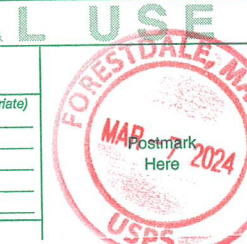
OFFICIAL USE

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 Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To SMITH ANNE K
2697 CRANBERRY HWY #2
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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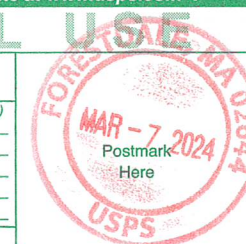
OFFICIAL USE

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 Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To FERNANDES DAREN A
1 SANDUSKY DR UNIT C 1
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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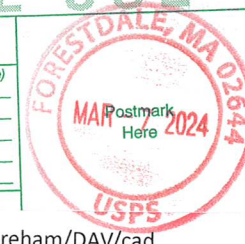
OFFICIAL USE

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 Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To SPARROW DONNA
2697 CRANBERRY HWY UNIT #8
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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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	\$

Postage
\$

Total Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To HAEMER DEANNE M
2697 CRANBERRY HWY UNIT #C7
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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7022 3330 0001 7409 9619

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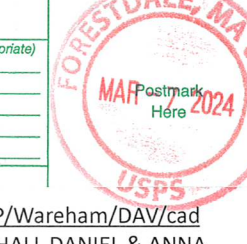
OFFICIAL USE

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 Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To HALL JONATHAN, HALL DANIEL & ANNA
2697 CRANBERRY HWY UNIT #C6
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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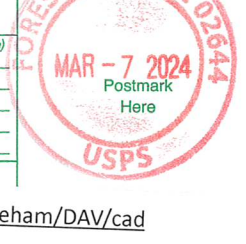
OFFICIAL USE

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 Postage and C19495.00/GLC/SP/Wareham/DAV/cad
\$ Sent To LENEY KEVIN
2697 CRANBERRY HWY UNIT #C5
Street and Apt. No. WAREHAM, MA 02571
City, State, ZIP+4

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Certified Mail Fee

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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

\$

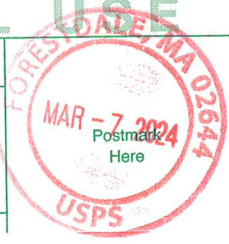
Total Postage at C19495.00/GLC/SP/Wareham/DAV/cad

ST JUSTE JEAN ROBERT, ST JUSTE MAGDALA

Sent To 2718 CRANBERRY HWY

Street and Apt. No. WAREHAM, MA 02571

City, State, ZIP+4®



0496 6041 7409 9640

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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 C19495.00/GLC/SP/Wareham/DAV/cad

GREGOIRE DEREK

Sent To 5 AZEL RD

Street and Apt. No. LAKEVILLE, MA 02347

City, State, ZIP+4®

