

**DES Waste Management Division  
29 Hazen Drive; PO Box 95  
Concord, NH 03302-0095**

**Type I-A Permit Modification to Solid Waste  
Management Facility Permit  
Supplemental Submittal – Return Receipts  
Phase IV – Four Hills Landfill  
Nashua, New Hampshire**

**NHDES Site #: 198403099  
Project Number: 4905**

Prepared For:  
City of Nashua  
Nashua Division of Public Works,  
Solid Waste Division  
840 West Hollis Street  
Nashua, NH 03062  
Phone Number (603) 589-3410  
RP Contact Name: Kerry Converse  
RP Contact Email: [ConverseK@nashuanh.gov](mailto:ConverseK@nashuanh.gov)

Prepared By:  
Sanborn, Head & Associates, Inc.  
20 Foundry Street  
Concord, NH 03301  
Phone Number: (603) 415-6132  
Contact Name: Edward A. Galvin  
Contact Email: [egalvin@sanbornhead.com](mailto:egalvin@sanbornhead.com)

Date of Report: September 25, 2020

Jamie Colby  
Solid Waste Management Bureau  
NH Department of Environmental Services  
29 Hazen Drive  
Concord, NH 03302-0095

September 25, 2020  
File No. 3066.11

Re: Type I-A Modification to Solid Waste Management Facility Permit Application  
Phase IV – Four Hills Landfill  
Supplemental Submittal  
Nashua, New Hampshire  
Permit No. DES-SW-SP-95-002

Dear Jaime:

On behalf of the City of Nashua (City), Sanborn, Head & Associates, Inc. (Sanborn Head) is submitting the enclosed return receipts associated with the abutting property notices informing them of the City's Type I-A Permit Modification Application (PMA) filing for the proposed Phase IV project. A summary table is provided that summarizes the status of each letter (i.e., receipt received, unclaimed, not returned, etc.).

Also enclosed are the return receipts for the entities required under Section IX of the PMA to receive a copy of the application (City Clerk, Board of Alderman, and Mayor). Also, return receipts associated with the required Federal Aviation Administration and nearby airports notifications are enclosed. The notice to the Nashua Airport was unclaimed and was returned to Sanborn Head.

Please do not hesitate to contact me at (603) 415-6132 or [egalvin@sanbornhead.com](mailto:egalvin@sanbornhead.com) should you require additional information.

Very truly yours,  
SANBORN, HEAD & ASSOCIATES, INC.



Edward A. Galvin, PE  
Project Manager

ESS/EAG:ess

Enclosure: Phase IV Permit Application Abutters Mailing List  
Return Receipts

Return Receipt Received	Certified Mail Receipt Received	PID	LOCN	MST_OWNER1	MST_OWNER2	ADDRESS	CSZ		
X	X	C-909	9 TWILIGHT DR	MARTIN, CATHERINE A &	BOURGEOIS, ALLEN G	9 TWILIGHT DR	NAS-HUA NH 03062-1430		
**	X	C-903	23 TWILIGHT DR	PERAULT, MATTHEW J &	PERAULT, KAREN A	23 TWILIGHT DR	NAS-HUA NH 03062-1430		
X	X	C-908	11 TWILIGHT DR	QUINLAN, JAMES &	QUINLAN, TRACEY	11 TWILIGHT DR	NAS-HUA NH 03062-1430		
X	X	C-904	19 TWILIGHT DR	ZOERB, MARC L &	ZOERB, MARCELA F	19 TWILIGHT DR	NAS-HUA NH 03062-1430		
X	X	C-907	13 TWILIGHT DR	HAMBLETT, DAVID &	HAMBLETT, JENNIFER	13 TWILIGHT DR	NAS-HUA NH 03062-1430		
X	X	C-906	15 TWILIGHT DR	SEGAL, PETER A & LISA A	N/A	15 TWILIGHT DR	NASHUA NH 03062-1430		
***	X	C-905	17 TWILIGHT DR	KERAGHAN, CHARLES	N/A	17 TWILIGHT DR	NASHUA NH 03062-1430		
X	X	C-902	25 TWILIGHT DR	BENCZE, ZSOLT &	FRUTOS-BENCZE, DINORAH	25 TWILIGHT DR	NASHUA NH 03062		
X	X	D-222	14 YORKWAY DR	SON, KIEU M &	LAM, PHONG T	14 YORKWAY DR	NASHUA NH 03062		
X	X	D-135	847 WEST HOLLIS ST	HILLIARD, JOHN E JR & WENDY J	N/A	847 W HOLLIS ST	NASHUA NH 03062-3551		
X	X	D-58	849 WEST HOLLIS ST	WANAMAKER, BRETT C	N/A	70 GLEN DR	HUDSON NH 03051		
X	X	D-235	10 YORKWAY DR	OLSON, PETER D	N/A	10 YORKWAY DR	NASHUA NH 03062-3568		
X	X	D-158	839 WEST HOLLIS ST	MUISE, THOMAS	N/A	839 W HOLLIS ST	NASHUA NH 03062-3542		
X	X	D-88	856 WEST HOLLIS ST	PELLETIER, NORMAN C & MADELIN	N/A	856 W HOLLIS ST	NASHUA NH 03062-3541		
X	X	D-271	12 PACIFIC BLVD	SILVA, DAVID	N/A	12 PACIFIC BLVD	NASHUA NH 03062-3511		
X	X	D-91	852 WEST HOLLIS ST	RODRIGUES, MARTA	N/A	852 WEST HOLLIS ST	NASHUA NH 03062		
X	X	D-232	18 YORKWAY DR	KIBE, SIMON &	MAINA, MARY	18 YORKWAY DR	NASHUA NH 03062		
X	X	D-153	841 WEST HOLLIS ST	HENRIQUES, STEVEN &	HENRIQUES, MAYRA	841 W HOLLIS ST	NASHUA NH 03062-3542		
X	X	D-242	11 PACIFIC BLVD	SMITH, FIRST N J REV TRUST	SMITH, NATHALIE J TRUSTEE	11 PACIFIC BLVD	NASHUA NH 03062-3511		
X	X	D-143	870 WEST HOLLIS ST	TRUDELL, WAYNE E REVOC TRUST	SMITH, DORENE L 2017 REV TRS	870 WEST HOLLIS ST	NASHUA NH 03062		
X	X	D-59	820 WEST HOLLIS ST	ADAMS, JILL ROBIN &	RYAN DANIEL ADAMS	824 WEST HOLLIS ST	NASHUA NH 03062-3541		
X	X	C-1300	16 TEAK DR	FAUCHER, MICHAEL J & ELIZABETH	N/A	16 TEAK DR	NASHUA NH 03062-1433		
X	X	C-1301	14 TEAK DR	74 LOCK STREET REALTY TRUST	WOOD, ANDRE M TRUSTEE	14 TEAK DR	NASHUA NH 03062-8927		
X	X	C-1314	13 TEAK DR	MEREDITH, PHILIP D &	MEREDITH, ANN R	13 TEAK DR	NASHUA NH 03062-1468		
X	X	C-1315	15 TEAK DR	SHI, JUAN &	ZHANG, MING R	15 TEAK DR	NASHUA NH 03062-1468		
X	X	C-1316	17 TEAK DR	CARTER, PAUL A &	CARTER, JENNIFER M	17 TEAK DRIVE	NASHUA NH 03062		
X	X	C-1321	29 TEAK DR	LEBRUN, MARK P & SHANNON M	N/A	29 TEAK DR	NASHUA NH 03062-1468		
X	X	C-1322	31 TEAK DR	KALOGEROPOULOS FAMILY TRUST	KALOGEROPOULOS, PETER TRU	31 TEAK DR	NASHUA NH 03062-1468		
X	X	C-1323	33 TEAK DR	ARCAND, ROGER G & JANICE E	N/A	33 TEAK DR	NASHUA NH 03062-1468		
X	X	C-1324	35 TEAK DR	SANTIAGO, ELIZABETH	N/A	35 TEAK DR	NASHUA NH 03062		
X	X	C-1325	37 TEAK DR	HANSEN, JAMES F & SARAH E	N/A	37 TEAK DR	NASHUA NH 03062-1468		
X	X	C-1326	39 TEAK DR	CURRIER, DANIEL E & ALLISON D	N/A	39 TEAK DR	NASHUA NH 03062-1468		
**	X	C-1327	41 TEAK DR	DOYON FAMILY REVOCABLE TRUST	DOYON, MICHAEL TRUSTEE &	41 TEAK DR	NASHUA NH 03060-1468		
X	X	C-1350	18 TEAK DR	PAOLERA, PATRICK J JR &	PAOLERA, PATRICK J SR	18 TEAK DR	NASHUA NH 03062		
X	X	C-1351	20 TEAK DR	COLLINS, JOHN JR	N/A	20 TEAK DR	NASHUA NH 03062-1465		
X	X	C-1352	22 TEAK DR	LAROCQUE, MICHAEL J & SUSAN J	N/A	22 TEAK DR	NASHUA NH 03062-1465		
**	X	C-1353	24 TEAK DR	POWDERLY, WILLIAM LAVERY &	POWDERLY, ROBERT M &	24 TEAK DR	NASHUA NH 03062-1465		

Return Receipt Received	Certified Mail Receipt Received	PID	LOCN	MST_OWNER1	MST_OWNER2	ADDRESS	CSZ		
X	X	C-1354	26 TEAK DR	MEHTA, KIRIT C & SMITA K	N/A	26 TEAK DR	NASHUA NH 03062-1465		
X	X	C-1615	76 PIONEER DR	SANO, NICHOLAS G & TIFFANIE J	N/A	76 PIONEER DR	NASHUA NH 03062-1423		
X	X	C-1616	72 PIONEER DR	JUSTER, MICHAEL	N/A	72 PIONEER DR	NASHUA NH 03062-1423		
X	X	C-1617	68 PIONEER DR	JARRET, THOMAS I &	BOUCHER, KRISTINA	68 PIONEER DRIVE	NASHUA NH 03062		
**	X	C-1618	64 PIONEER DR	LAVOIE, NIKO J & NICOLE A	N/A	64 PIONEER DR	NASHUA NH 03062-4051		
X	X	C-1633	60 PIONEER DR	JOHNSON, ANTHONY M & TAMMY	N/A	60 PIONEER DR	NASHUA NH 03062-1423		
X	X	C-1634	56 PIONEER DR	MEEHAN, JOHN D & KATHLEEN M	N/A	56 PIONEER DR	NASHUA NH 03062-1423		
X	X	C-1635	52 PIONEER DR	DENARO, MATTHEW G &	DENARO, BETH H	52 PIONEER DR	NASHUA NH 03062		
X	X	C-1654	48 PIONEER DR	BOYLE, CHRISTOPHER J	N/A	48 PIONEER DR	NASHUA NH 03062-1423		
**	X	C-1655	44 PIONEER DR	DENARO, BETH H	N/A	44 PIONEER DR	NASHUA NH 03062-1423		
X	X	C-1656	40 PIONEER DR	DEVINE, LAWRENCE J & PAMELA G	N/A	40 PIONEER DR	NASHUA NH 03062-1423		
X	X	C-1657	36 PIONEER DR	MCDONALD, KEVIN & TRACEY	N/A	36 PIONEER DR	NASHUA NH 03062-1423		
**	X	C-1658	32 PIONEER DR	LAWLESS, MARTIN J JR &	LAWLESS, KARYN M	32 PIONEER DR	NASHUA NH 03062-1423		
**	X	C-1659	28 PIONEER DR	TRUDEL, DONALD J & DENYSE B	N/A	28 PIONEER DR	NASHUA NH 03062-1423		
X	X	C-1660	24 PIONEER DR	SZATELA, DONALD J & FRANCES A	N/A	24 PIONEER DR	NASHUA NH 03062-1423		
X	X	D-233	20 YORKWAY DR	BONIFACIO-DONCE, LARA C	N/A	20 YORKWAY DR	NASHUA NH 03062-3568		
X	X	D-243	16 YORKWAY DR	DOM, TONH &	CHUN, KHEMARA E	16 YORKWAY DR	NASHUA NH 03062-3568		
X	X	C-1328	43 TEAK DR	CASSIDY, ROBERT J & ANITA J	N/A	43 TEAK DR	NASHUA NH 03062-1468		
X	X	C-1329	45 TEAK DR	GAUTHIER BOSS FAMILY TRUST	GAUTHIER, SUZANNE T TRUSTEE	45 TEAK DR	NASHUA NH 03062-1468		
X	X	C-1330	47 TEAK DR	SEIGER, HEATHER &	SEIGER, MICHAEL	47 TEAK DR	NASHUA NH 03062-1468		
X	X	D-221	12 YORKWAY DR	OLDRO, STEPHEN & NANCY	N/A	12 YORKWAY DR	NASHUA NH 03062-3568		
X	X	D-512	864 WEST HOLLIS ST	GLOTZBACH, BERNADETTE H	N/A	864 WEST HOLLIS ST	NASHUA NH 03062		
*	*	C-2814	1 TWILIGHT DR	ACRE RIDGE ASSOCIATES, INC	N/A	6 CANAL ST	NASHUA NH 03064		
X	X	D-87	824 WEST HOLLIS ST	ADAMS, JILL ROBIN &	RYAN DANIEL ADAMS	824 WEST HOLLIS ST	NASHUA NH 03062		
X	X	C-2971	73 PIONEER DR	LACASSE, SYLVAIN J &	LACASSE, TAMARA N	73 PIONEER DR	NASHUA NH 03062		
X	X	D-234	22 YORKWAY DR	ULEE, CHARLES J &	ULEE, ROXANN M	22 YORKWAY DR	NASHUA NH 03062-3568		
X	X	D-115	851 WEST HOLLIS ST	DEMONTIGNY, L M 2018 REV TRST	DEMONTIGNY, LOU SE M TRUST	851 W HOLLIS ST	NASHUA NH 03060-3551		
X	X	D-318	TRESTLE BROOK PARK	C/O TRESTLE BROOK PROP MGMT		PO BOX 10451	BEDFORD NH 03110		
X	X	D-107	RODGER'S MOBILE HOME PARK			843 WEST HOLLIS ST	NASHUA NH 03062		
		D-29	RODGER'S MOBILE HOME PARK			843 WEST HOLLIS ST	NASHUA NH 03062		
X	X	D-51	JENSEN'S INC			PO BOX 608	SOLTHINGTON CT 06489-0608		
						0 RIVER PINES BLVD	NASHUA NH 03062		
Note: All abutter letters sent by certified mail/return receipt requested on July 13, 2020.									
* No: Deliverable as Addressed/Unable to Forward									
** Unclaimed/Unable to Forward									
*** Mailed but return receipt or unclaimed letter not returned.									



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

For delivery information, visit our website at [www.usps.com](http://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 Postage and Fees  
 \$

Sent To **Charles Keraghan**  
 Street and Apt. No., or PO Box No. **17 Twilight Dr**  
 City, State, ZIP+4® **Nashua NH 03062-1430**

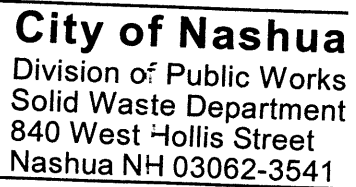
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 1120 0001 3479 1000

NASHUA POST OFFICE  
 JUL 1 2015  
 CITY OF NASHUA  
 PURCHASE  
 229 MAIN ST  
 NASHUA NH 03060

DW

Mailed but return receipt or  
 unclaimed letter not returned.



**CERTIFIED MAIL®**



7C19 1120 0001 3479 1291

NEOPOST

FIRST-CLASS MAIL

07/14/2020

US POSTAGE \$006.90<sup>10</sup>

ZIP 03060  
041M11456238

FOWDERLY, WILLIAM LAVERY &  
24 TEAK DR  
NASHUA NH 03062-1465 1

RETURN TO SENDER  
UNDELIVERABLE  
ADDRESS NOT KNOWN

[illegible]



# City of Nashua

Division of Public Works  
Solid Waste Department  
840 West Hollis Street  
Nashua NH 03062-3541

**CERTIFIED MAIL®**



7019 1120 0001 3479 1437

TRUDEL, DONALD J & DENYSE B  
28 P ONEER DR  
NASHUA NH 03062-1423

NEOPOST

FIRST-CLASS MAIL

07/14/2020

US POSTAGE \$006.90



ZIP 03060  
041M11456238

7/20  
8/15

11/11/20

11/11/20

11/11/20

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

11/11/20

UNC

03062-3541

BC: 03062-354140

\*1669-00075-24-40



**City of Nashua**  
Division of Public Works  
Solid Waste Department  
840 West Hollis Street  
Nashua NH 03062-3541

**CERTIFIED MAIL®**



7019 1120 0001 3479 1390

NEOPOST

FIRST-CLASS MAIL

07/14/2020

**US POSTAGE \$006.90<sup>0</sup>**



ZIP 03060  
041M11456238

DENARO, BETH H  
44 PIONEER DR  
NASHUA NH 03062-1423

7/20  
8/15

DD 1/6

FIXIT

DATE OF 7

MMXX/21/20

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

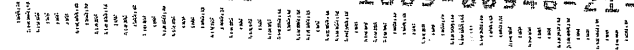
1 9326020200901031

UNC

9326020200901031

EC: 9326020200901031

+1609-88946-21-46





**City of Nashua**

Division of Public Works  
Solid Waste Department  
840 West Hollis Street  
Nashua NH 03062-3541

OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL®**



7019 1120 0001 3479 1345

LAVOIE, NIKO J & NICHOLE A  
64 PIONEER DR  
NASHUA NH 03062-4051

NEOPOST

07/14/2023

**US POSTAGE \$006.90<sup>0</sup>**



ZIP 03060  
041M11456238

FINAL NOTICE

SD / 1-20

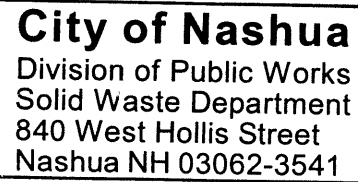
DATE OF MAILING 07/14/23

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

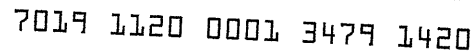
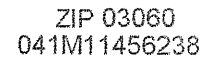
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**CERTIFIED MAIL**

US POSTAGE \$006.90<sup>10</sup>

LAWLESS, MARTIN J JR &  
32 PIONEER DR  
NASHUA NH 03062-1423

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

UNO

[illegible]

938224



**City of Nashua**  
Division of Public Works  
Solid Waste Department  
840 West Hollis Street  
Nashua NH 03062-3541

**CERTIFIED MAIL®**



7019 1120 0001 3479 1253

NEOPOST

FIRST-CLASS MAIL

07/14/2020

US POSTAGE

\$006.90



ZIP 03060  
041M11456238

DOYON FAMILY REVOCABLE TRUST  
41 TEAK DR  
NASHUA NH 03060-1468

7/15/20 7/20  
8/15

RECEIVED

NOV 10 2020

NOV 10 2020

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

1 9326020200001001

UNC

BC: 65062354140

\*1000-00022-21-46

030623541

66



**City of Nashua**  
Division of Public Works  
Solid Waste Department  
840 West Hollis Street  
Nashua NH 03062-3541

**CERTIFIED MAIL®**



7019 1120 0001 3479 0942  
7019 1120 0001 3479 0942

PERAULT, MATTHEW J &  
23 TWILIGHT DR  
NASHUA NH 03062-1430

NEOPOST

07/04/2020

US POSTAGE \$006.90<sup>00</sup>



ZIP 03060  
041M11456238

FINAL NOTICE  
7/12/20  
8/15

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

NO POSTAGE  
NECESSARY  
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IN THE  
UNITED STATES

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



CERTIFIED MAIL



# City of Nashua

Division of Public Works  
Solid Waste Department  
840 West Hollis Street  
Nashua NH 03062-3541



7019 1120 0001 3479 1512

NEOPOST

FIRST-CLASS MAIL

07/14/2020

LS POSTAGE \$006.90<sup>0</sup>



ZIP 03060  
041M11456238

ACRE RIDGE ASSOCIATES, INC  
6 CANAL ST  
NASHUA NH 03064

1st NOTICE

2nd NOTICE

NIXIE

015 FE 1

0007/17/20

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

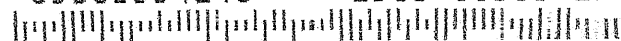
UTF

03062>3541

BC: 03062354140

\*1569-00505-17-44

60



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

74 LOCK STREET REALTY TRUST  
14 TEAK DR  
NASHUA NH 03062-8927

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Andrew Wood* *7/23/2020*

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SEGAL, PETER A & LISA A  
15 TWILIGHT DR  
NASHUA NH 03062-1430

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]* ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
*C-19* *7/22*

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Trestle Brook Park  
P.O. Box 10451  
Bedford NH 03110

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Star Rogers* *7/27/2020*

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

LEBRUN, MARK P & SHANNON M  
29 TEAK DR  
NASHUA NH 03062-1463

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Mark P & Shann M* *7/23/2020*

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

PS Form 3811, July 2013

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

JOHNSON, ANTHONY M & TAMMY A  
60 PIONEER DR  
NASHUA NH 03062-1423

2. Article Number  
(Transfer from service label)

25ET 624E TCOO 02TT 6TOL

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *DDS*
☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/17

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

MEEHAN, JOHN D & KATHLEEN M  
56 PIONEER DR  
NASHUA NH 03062-1423

2. Article Number  
(Transfer from service label)

69ET 624E TCOO 02TT 6TOL

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *DDS*
☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/17

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

HAMBLETT, DAVID &  
13 TWILIGHT DR  
NASHUA NH 03062-1430

2. Article Number  
(Transfer from service label)

E260 624E TCOO 02TT 6TOL

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David Hamblett*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Jennifer Hamblett

C. Date of Delivery

7/17/20

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

JARRET, THOMAS I &  
68 PIONEER DRIVE  
NASHUA NH 03062

2. Article Number  
(Transfer from service label)

8EET 624E TCOO 02TT 6TOL

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Thomas Jarret*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Kristina Sweet

C. Date of Delivery

7/17/20

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

CASSIDY, ROBERT J & ANITA J  
43 TEAK DR  
NASHUA NH 03062-1468

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Robert Cassidy* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

5247 624E T000 0277 6702

Form 3811, July 2013

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

MUISE, THOMAS  
839 W HOLLIS ST  
NASHUA NH 03062-3542

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Comie* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

5507 624E T000 0277 6702

PS Form 3811, July 2013

Domestic Return Receipt

SW

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

PAOLERA, PATRICK J JR &  
18 TEAK DR  
NASHUA NH 03062

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Patrick Paolera* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

0927 624E T000 0277 6702

PS Form 3811, July 2013

Domestic Return Receipt

SW

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

GLOTZBACH, BERNADETTE H  
864 WEST HOLLIS ST  
NASHUA NH 03062

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Comie* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

6257 624E T000 0277 6702

PS Form 3811, July 2013

Domestic Return Receipt

SW

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

MARTIN, CATHERINE A &  
9 TWILIGHT DR  
NASHUA NH 03062-1430

2. Article Number

(Transfer from service label)

8260 624E 1000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X DDS

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SMITH, FIRST N J REV TRJST  
11 PACIFIC BLVD  
NASHUA NH 03062-3511

2. Article Number

(Transfer from service label)

9111 624E 1000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X COWD

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C-5

C. Date of Delivery

7/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

RODRIGUES, MARTA  
852 WEST HOLLIS ST  
NASHUA NH 03062

2. Article Number

(Transfer from service label)

9801 624E 1000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X COWD

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C-5

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

BONIFACIO-DONCE, LARA C  
20 YORKWAY DR  
NASHUA NH 03062-3568

2. Article Number

(Transfer from service label)

4444 624E 1000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X COWD

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C-5

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ADAMS, JILL ROBIN &  
824 WEST HOLLIS ST  
NASHUA NH 03062

2. Article Number

(Transfer from service label)

9EST 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Covid

☐ Agent☐ Addressee

B. Received by (Printed Name)

C.S

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

DEMONTIGNY, L M 2018 REV TRST &  
851 W HOLLIS ST  
NASHUA NH 03060-3551

2. Article Number

(Transfer from service label)

295T 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Covid

☐ Agent☐ Addressee

B. Received by (Printed Name)

C.S

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

DOM, TONH &  
16 YORKWAY DR  
NASHUA NH 03062-3568

2. Article Number

(Transfer from service label)

TS4T 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Covid

☐ Agent☐ Addressee

B. Received by (Printed Name)

C.S

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

OLSON, PETER D  
10 YORKWAY DR  
NASHUA NH 03062-3568

2. Article Number

(Transfer from service label)

840T 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Covid

☐ Agent☐ Addressee

B. Received by (Printed Name)

C.S

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ADAMS, JILL ROBIN &  
824 WEST HOLLIS ST  
NASHUA NH 03062-3541

2. Article Number

(Transfer from service label)

0001 624E 1000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Card*☐ Agent☐ Addressee

B. Received by (Printed Name)

CIS

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SILVA, DAVID  
12 PACIFIC BLVD  
NASHUA NH 03062-3511

2. Article Number

(Transfer from service label)

6201 624E 1000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *CS*☐ Agent☐ Addressee

B. Received by (Printed Name)

Card

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

HENRIQUES, STEVEN &  
841 W HOLLIS ST  
NASHUA NH 03062-3542

2. Article Number

(Transfer from service label)

6011 624E 1000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Card*☐ Agent☐ Addressee

B. Received by (Printed Name)

CIS

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ARCAND, ROGER G & JANICE E  
33 TEAK DR  
NASHUA NH 03062-1438

2. Article Number

(Transfer from service label)

5121 624E 1000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ray Arcand*☐ Agent☐ Addressee

B. Received by (Printed Name)

ROGER ARCAN

C. Date of Delivery

7/15/20

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ULEE, CHARLES J &  
22 YORKWAY DR  
NASHUA NH 03062-3568

2. Article Number

(Transfer from service label)

055T 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Card*☐ Agent☐ Addressee

B. Received by (Printed Name)

CS

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

LACASSE, SYLVAIN J &  
73 PIONEER DR  
NASHUA NH 03062

2. Article Number

(Transfer from service label)

E45T 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *DPS*☒ Agent☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

TRUDELL, WAYNE E REVOC TRUST &  
870 WEST HOLLIS ST  
NASHUA NH 03062

2. Article Number

(Transfer from service label)

E2TT 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Card*☐ Agent☐ Addressee

B. Received by (Printed Name)

CS

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

KIBE, SIMON &  
18 YORKWAY DR  
NASHUA NH 03062

2. Article Number

(Transfer from service label)

E60T 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Card*☐ Agent☐ Addressee

B. Received by (Printed Name)

CS

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

DENARO, MATTHEW G &  
52 PIONEER DR  
NASHUA NH 03062

2. Article Number  
(Transfer from service label)

92ET 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *DDS*☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

HANSEN, JAMES R & SARAH E  
37 TEAK DR  
NASHUA NH 03062-1468

2. Article Number  
(Transfer from service label)

6E2T 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Hansen*☐ Agent  
☒ Addressee

B. Received by (Printed Name)

James Hansen

C. Date of Delivery

7/15/12

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SHI, JUAN &  
15 TEAK DR  
NASHUA NH 03062-1468

2. Article Number  
(Transfer from service label)

92TT 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Juan Shi*☐ Agent  
☒ Addressee

B. Received by (Printed Name)

J

C. Date of Delivery

7/15/20

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

BENCZE, ZSOLT &  
25 TWILIGHT DR  
NASHUA NH 03062

2. Article Number  
(Transfer from service label)

2T0T 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *DDS*☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SZATELA, DONALD J & FRANCES A  
24 PIONEER DR  
NASHUA NH 03062-1423

2. Article Number

(Transfer from service label)

894T 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X DDS

☒ Agent☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SEIGER, HEATHER &  
47 TEAK DR  
NASHUA NH 03062-1468

2. Article Number

(Transfer from service label)

664T 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X DDS

☐ Agent☒ Addressee

B. Received by (Printed Name)

Heather Seiger

C. Date of Delivery

7/15/12

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

DEVINE, LAWRENCE J & PAMELA G  
40 PIONEER DR  
NASHUA NH 03062-1423

2. Article Number

(Transfer from service label)

ET4T 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X DDS

☒ Agent☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/15

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

3. Service Type

☐ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

ZOERB, MARC L &  
19 TWILIGHT DR  
NASHUA NH 03062-1430

2. Article Number

(Transfer from service label)

9960 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X DDS

☒ Agent☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SANO, NICHOLAS G & TIFFANIE J  
76 PIONEER DR  
NASHUA NH 03062-1423

2. Article Number

(Transfer from service label)

HTET 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X DDS C

☒ Agent☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

MCDONALD, KEVIN & TRACEY  
36 PIONEER DR  
NASHUA NH 03062-1423

2. Article Number

(Transfer from service label)

90HT 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X DDS

☒ Agent☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

OLDRO, STEPHEN & NANCY  
12 YORKWAY DR  
NASHUA NH 03062-3563

2. Article Number

(Transfer from service label)

S0ST 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X COM's

☐ Agent☐ Addressee

B. Received by (Printed Name)

C-S

C. Date of Delivery

7-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

FAUCHER, MICHAEL J & ELIZABETH  
16 TEAK DR  
NASHUA NH 03062-1433

2. Article Number

(Transfer from service label)

H5TT 62HE T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Michael Faucher

☐ Agent☐ Addressee

B. Received by (Printed Name)

MICHAEL FAUCHER

C. Date of Delivery

7/15/20

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

COLLINS, JOHN JR  
20 TEAK DR  
NASHUA NH 03062-1465

2. Article Number (Transfer from service label) 222T 624E T000 02TT 6T02 SW

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
[Signature] 7/15/20

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

GAUTHIER BOSS FAMILY TRUST  
45 TEAK DR  
NASHUA NH 03062-1468

2. Article Number (Transfer from service label) 284T 624E T000 02TT 6T02 SW

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
[Signature] 7/15/20

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

QUINLAN, JAMES &  
11 TWILIGHT DR  
NASHUA NH 03062-1430

2. Article Number (Transfer from service label) 6560 624E T000 02TT 6T02 SW

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
C-19 7/15

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

MEHTA, KIRIT C & SMITA K  
26 TEAK DR  
NASHUA NH 03062-1465

2. Article Number (Transfer from service label) 20ET 624E T000 02TT 6T02 SW

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
[Signature] 7/15/20

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

3. Service Type  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

PELLETIER, NORMAN C & MADELINE  
856 W HOLLIS ST  
NASHUA NH 03062-3541

2. Article Number

(Transfer from service label)

2901 624E T000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Cove

☐ Agent☐ Addressee

B. Received by (Printed Name)

CS

C. Date of

7-1

Delivery

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

BOYLE, CHRISTOPHER J  
48 PIONEER DR  
NASHUA NH 03062-1423

2. Article Number

(Transfer from service label)

E8ET 624E T000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

BDS

☒ Agent☐ Addressee

B. Received by (Printed Name)

C-19

C. Date of Delivery

7/16

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

KALOGEROFOULOS FAMILY TRUST  
31 TEAK DR  
NASHUA NH 03062-1468

2. Article Number

(Transfer from service label)

8021 624E T000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Pete K...

☐ Agent☐ Addressee

B. Received by (Printed Name)

Peter Kalogeropoulos

C. Date of Del

7/16

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

WANAMAKER, BRETT C  
70 GLEN DR  
HUDSON NH 03051

2. Article Number

(Transfer from service label)

0860 624E T000 0211 6102

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B Wanamaker

☒ Agent☐ Addressee

B. Received by (Printed Name)

JAN 15 C-19

C. Date of Deliv

7/16

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

CARTER, PAUL A &  
17 TEAK DRIVE  
NASHUA NH 03062

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

5877 624E T000 027T 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

SANTIAGO, ELIZABETH  
35 TEAK DR  
NASHUA NH 03062

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

2227 624E T000 027T 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

JUSTER, MICHAEL  
72 PIONEER DR  
NASHUA NH 03062-1423

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7227 624E T000 027T 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

LAROCQUE, MICHAEL J & SUSAN J  
22 TEAK DR  
NASHUA NH 03062-1465

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)


4827 624E T000 027T 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  ☐ Agent  
☒ Addressee  
 B. Received by (Printed Name)  Date of Delivery

B. Received by (Printed Name) Daniel E. Cunniff C. Date of Delivery 01/03/01

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

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

3. Service Type **03051 0998**  
☒ Certified Mail® ☐ Priority Mail Express™  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

942T 624E T000 02TT 6T02

SW

PS Form 3811 July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- |                               |                     |                                    |
|-------------------------------|---------------------|------------------------------------|
| A. Signature                  |                     | <input type="checkbox"/> Agent     |
| X <i>cond</i>                 |                     | <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) | 3. Date of Delivery |                                    |

B. Received by (Printed Name) <u>C.S.</u>	C. Date of Delivery <u>7-15</u>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

D. Is delivery address different from item 1? ☐ Yes

3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

TEOT 62HE TDOO 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature **X** *Med C19* ☒ Page ☐ Adc
- B. Received by (Printed Name) *Fav* C. Date of [ ]

B. Received by (Printed Name) <i>For</i> <i>M. L. M. Rogers</i>	C. Date of <input checked="" type="checkbox"/> <i>7/1</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	

Roger's Mobile Home Park  
843 West Hollis St  
Nashua NH 03062

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

TEST 624E T000 02TT 6T02

SV

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- |                               |                |                                |
|-------------------------------|----------------|--------------------------------|
| A. Signature                  |                | <input type="checkbox"/> Agent |
| <b>X</b> <i>David</i>         |                | <input type="checkbox"/> Addre |
| B. Received by (Printed Name) | C. Date of Del |                                |

B. Received by (Printed Name) CS		C. Date of Del 7-11
-------------------------------------	--	------------------------

CS	7-11
----	------

3. Service Type

<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Priority Mail Express™
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

4207 624E 7000 0277 6702

SW

PS Form 3811, July 2013

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Jensen's INC  
0 River Pines Blvd  
Nashua NH 03062

2. Article Number

(Transfer from service label)

865T 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addres

B. Received by (Printed Name)

CS

C. Date of Del

7-6

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Mercha☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

238  
MEREDITH, PHILIP D &  
13 TEAK DR  
NASHUA NH 03062-1468

2. Article Number

(Transfer from service label)

T9TT 624E T000 02TT 6T02

SW

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addres

B. Received by (Printed Name)

Phil Meredith

C. Date of Del

7/18/11

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

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchan☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes



SANDORN HEAD

20 Foundry Street, Concord, NH 03301

City Mayor's Office  
229 Main Street  
Nashua, NH 03060

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To

City Mayor's Office

Street, Apt. No.,  
or PO Box No. 229 Main Street

City, State, ZIP+4<sup>®</sup> Nashua, NH 03060

PS Form 3800, August 2006 See Reverse for Instructions

- 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:

City Mayor's Office  
229 Main Street  
Nashua, NH 03060



9590 9402 5824 0034 2006 31

2. Article Number (Transfer from service label)

7011 2000 0002 4020 1952

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)	<input type="checkbox"/> Addressee
C. Date of Delivery	
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express <sup>®</sup>
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail <sup>TM</sup>
<input type="checkbox"/> Certified Mail <sup>®</sup>	<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 <sup>TM</sup>
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Mail 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.

Article Addressed to:

City Mayor's Office  
229 Main Street  
Nashua, NH 03060



9590 9402 5824 0034 2006 31

Article Number (Transfer from service label)

7011 2000 0002 4020 1952

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

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

LORI CERUDE

C. Date of Delivery

7/20/2020

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

NASHUA NH MPO

JUL 20 2020

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Mail

☐ Mail Restricted Delivery

☐ (0)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

NASHUA, NH 03060

OFFICIAL USE

Postage \$3.55 \$2.85

Certified Fee \$0.00

Return Receipt Fee (Endorsement Required) \$0.00

Restricted Delivery Fee (Endorsement Required) \$0.00

\$22.35

Total Postage & Fees \$

\$28.75



Sent To

City Mayor's Office

Street, Apt. No.,  
or PO Box No.

229 Main Street

City, State, ZIP+4

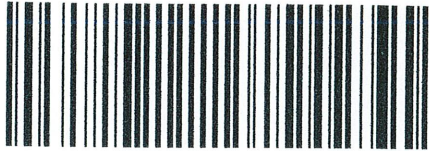
Nashua, NH 03060

PS Form 3800, August 2006

See Reverse for Instructions



CERTIFIED MAIL™



7011 2000 0002 4020 1945

7011 2000 0002 4020 1945

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark  
Here

Sent To  
Board of Alderman  
229 Main Street  
Nashua, NH 03060  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2005

See Reverse for Instructions  
on how to use this form.

1. Article Addressed to:  
or on the front if space permits.  
Board of Alderman  
229 Main Street  
Nashua, NH 03060



9590 9402 5824 0034 2006 48

2. Article Number (Transfer from service label)

7011 2000 0002 4020 1945

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

SANBORN HEAD

20 Foundry Street, Concord, NH 03301

Board of Aldermen  
229 Main Street  
Nashua, NH 03060

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent  
☐ Addressee

C. Date of Delivery

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

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"/> 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"/> Mail Restricted Delivery                |   |

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:

Board of Alderman  
229 Main Street  
Nashua, NH 03060



9590 9402 5824 0034 2006 48

2. Article Number (Transfer from service label)

7011 2000 0002 4020 1945

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

LORI LEWIS

C. Date of Delivery

7-20-2020

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
- ☐ Mail Restricted Delivery (500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

JUL 20 2020

Domestic Return Receipt

U.S. Postal Service™

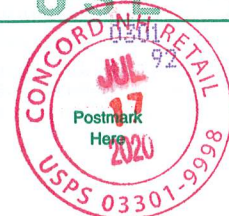
## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

NASHUA, NH 03060

Postage	\$3.55
Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$21.45
	\$27.85



07/17/2020

Sent To

Board of Alderman

Street, Apt. No.,  
or PO Box No.

229 Main Street

City, State, ZIP+4

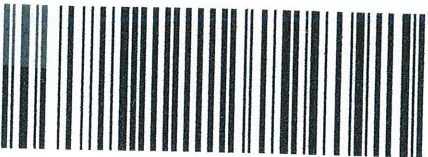
Nashua, NH 03060

PS Form 3800, August 2006

See Reverse for Instructions



OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



7011 2000 0002 4020 1938  
7011 2000 0002 4020 1938

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent to  
**City Clerk's Office**  
Street, Apt. No.,  
or PO Box No. **229 Main Street**  
City, State, ZIP+4 **Nashua, NH 03060**

PS Form 3800, August 2006

See Reverse for Instructions

- 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:

**City Clerk's Office**  
**229 Main Street**  
**Nashua, NH 03060**



9590 9402 5824 0034 2006 55

2. Article Number (Transfer from service label)

**7011 2000 0002 4020 1938**

**COMPLETE THIS SECTION ON DELIVERY**

Signature

☐ Agent

B. Received by (Printed Name)

☐ Addressee

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

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"/> 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"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery                |   |

**HEAD**  
**NBORN**

20 Foundry Street, Concord, NH 03301

**City Clerk's Office**  
**229 Main Street**  
**Nashua, NH 03060**

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

NASHUA, NH 03060

**OFFICIAL USE**

Postage	\$3.55	\$2.85
Certified Fee	\$0.00	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$30.50	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$36.90</b>	

Postmark Here: JUL 17 2020  
 USPS 03301-9998  
 07/17/2020

Sent To: City Clerk's Office  
 229 Main Street  
 Nashua, NH 03060

PS Form 3800, August 2006 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:

City Clerk's Office  
 229 Main Street  
 Nashua, NH 03060

2. Article Number (Transfer from service label)  
 7011 2000 0002 4020 1938

3. Service Type

<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
---	--

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

NASHUA NH MPO  
 JUL 20 2020

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

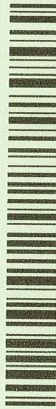


SENDER: COMPLETE THIS SECTION

- 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:

Federal Aviation Administration  
New England Region, ANE-600  
1200 District Avenue  
Burlington, MA 01803



9590 9402 5824 0034 2006 86

2. Article Number (Transfer from service label)

71702 2000 0002 4020 1914

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail®                | <input type="checkbox"/> Return Receipt for Merchandise      |
| <input type="checkbox"/> Collect on Delivery            | <input type="checkbox"/> Signature Confirmation™             |
| <input type="checkbox"/> Priority Mail Express®         | <input type="checkbox"/> Signature Confirmation              |
| <input type="checkbox"/> Registered Mail™               |  |
| <input type="checkbox"/> Return Receipt for Merchandise |  |

See Reverse for Instructions

Federal Aviation Administration  
New England Region, ANE-600  
1200 District Avenue  
Burlington, MA 01803

PS Form 3800, August 2006

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

7011 2000 0002 4020 1914  
7011 2000 0002 4020 1914

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

OFFICIAL USE

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)



HEAD

20 Foundry Street, Concord, NH 03301

Federal Aviation Administration  
New England Region, ANE-600  
1200 District Avenue  
Burlington, MA 01803

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <div style="font-family: cursive; font-size: 1.2em;">Carol F. Fodor</div> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;"><b>Federal Aviation Administration New England Region, ANE-600 1200 District Avenue Burlington, MA 01803</b></p>	<p>B. Received by (Printed Name)  <div style="font-family: cursive; font-size: 1.2em;">Carol F. Fodor</div></p> <p>C. Date of Delivery</p>												
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em; margin-top: 10px;">7011 2000 0002 4020 1914</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<div style="text-align: center;">             9590 9402 5824 0034 2006 86         </div>	<p>3. Service Type</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<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"/> 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"/> 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"/> 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												

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

7011 2000 0002 4020 1914

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

BURLINGTON, MA 01803

Postage	\$3.55	\$0.00	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> <div style="text-align: center;"> <div style="font-weight: bold; font-size: 1.2em;">JUL</div> <div style="font-size: 0.8em;">Postmark Here</div> <div style="font-weight: bold; font-size: 1.2em;">2020</div> </div> <div style="text-align: center; font-size: 0.8em; margin-top: 5px;">             CONCORD NH 0301              USPS 03301-9998           </div> </div>
Certified Fee		\$0.00	
Return Receipt Fee (Endorsement Required)		\$0.00	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$1.00	\$6.95	

Sent To  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

Federal Aviation Administration

New England Region, ANE-600

1200 District Avenue

Burlington, MA 01803

PS Form 3800, August 2006

See Reverse for Instructions

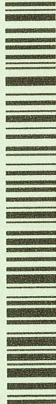


SENDER: COMPLETE THIS SECTION

- 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:

Nashua Airport  
93 Perimeter Road  
Nashua, NH 03063



9590 9402 5824 0034 2006 62

2. Article Number (Transfer from Service Label)

70701 2000 0002 4020 1921

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  
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

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™

See Reverse for Instructions

Sent To

Nashua Airport

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

93 Perimeter Road  
Nashua, NH 03063

PS Form 3800, August 2006

7011 2000 0002 4020 1921  
7011 2000 0002 4020 1921

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

OFFICIAL USE

For delivery information visit our website at [www.usps.com](http://www.usps.com)


U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)



20 Foundry Street, Concord, NH 03301

Nashua Airport  
93 Perimeter Road  
Nashua, NH 03063



U.S. Postal Service™																												
<b>CERTIFIED MAIL™ RECEIPT</b>																												
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>																												
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> ®																												
NASHUA, NH 03063																												
OFFICIAL USE																												
<table style="width: 100%;"> <tr> <td style="width: 40%;">Postage</td> <td style="width: 10%; text-align: right;">\$3.55</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>\$</td> <td style="text-align: right;">\$2.85</td> </tr> <tr> <td>Certified Fee</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">\$0.55</td> </tr> <tr> <td>Total Postage &amp; Fees</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$6.95</td> </tr> </table>	Postage	\$3.55			\$	\$2.85	Certified Fee		\$0.00			\$0.00	Return Receipt Fee (Endorsement Required)		\$0.00			\$0.00	Restricted Delivery Fee (Endorsement Required)		\$0.00			\$0.55	Total Postage & Fees	\$	\$6.95	 <p>Concord NH RETAIL APR 17 2020 USPS-03301-9968 07717/2020</p>
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Street, Apt. No., or PO Box No.																												
City, State, ZIP+4																												

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <p>■ 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> <p>1. Article Addressed to:</p> <p style="text-align: center; margin-top: 20px;"> <b>Nashua Airport</b>  <b>93 Perimeter Road</b>  <b>Nashua, NH 03063</b> </p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>A. Signature</p> <p style="text-align: center; font-size: 2em; margin-top: 10px;"><b>X</b></p> <p>B. Received by (<i>Printed Name</i>)</p> </td> <td style="width: 50%; padding: 5px;"> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <input type="checkbox"/> Date of Delivery</p> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes              if YES, enter delivery address below: <input type="checkbox"/> No</p> </td> </tr> </table> <p>3. Service Type</p> <p> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery           </p> <p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery           </p>	<p>A. Signature</p> <p style="text-align: center; font-size: 2em; margin-top: 10px;"><b>X</b></p> <p>B. Received by (<i>Printed Name</i>)</p>	<p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <input type="checkbox"/> Date of Delivery</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes              if YES, enter delivery address below: <input type="checkbox"/> No</p>	
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2. Article Number (*Transfer from service label*)

9590 9402 5824 0034 2006 62

7011 2000 0002 4020 1921

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

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

- R - T - S -

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
RETURN TO SENDER

Nashua Airport  
93 Perimeter Road  
Nashua, NH 03063

NH 03301

7-18-20  
8/2

SANBORN || HEAD

08/11/20

7011 2000 0002 4020 1921

1000

03063

U.S. POSTAGE PAID  
FCM LETTER  
CONCORD, NH  
03301  
JUL 17, 20  
AMOUNT  
**\$6.95**  
R2305P150923-92



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:

Pepperell Airport  
165 Nashua Road  
Pepperell, MA 01463



9590 9402 5824 0034 2006 79

2. Article Number (Transfer from service label)

7011 2000 0002 4020 1907

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

Postmark  
Here

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

OFFICIAL USE

For delivery information visit our website at [www.usps.com](http://www.usps.com)

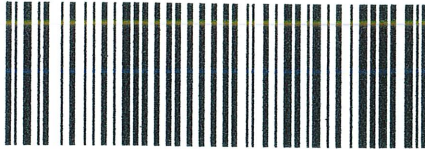
U.S. Postal Service<sup>TM</sup>  
CERTIFIED MAIL<sup>TM</sup> RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

D

dry Street, Concord, NH 03301

Pepperell Airport  
165 Nashua Road  
Pepperell, MA 01463

7011 2000 0002 4020 1907  
7011 2000 0002 4020 1907



PS Form 3800, August 2006

See Reverse for Instructions

Sent To  
Pepperell Airport  
Street, Apt. No.:  
165 Nashua Road  
or PO Box No.  
Pepperell, MA 01463  
City, State, ZIP+4

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                     | <input type="checkbox"/> Priority Mail Express <sup>®</sup>   |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail <sup>TM</sup>        |
| <input type="checkbox"/> Certified Mail <sup>®</sup>         | <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 <sup>TM</sup> |
| <input type="checkbox"/>                                     | <input type="checkbox"/>                                      |

COMPLETE THIS SECTION ON DELIVERY

A. Signature


X

☐ Agent  
☐ Addressee

C. Date of Delivery

B. Received by (Printed Name)

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="text-align: center; padding: 10px;"> <p><b>Pepperell Airport</b>  <b>165 Nashua Road</b>  <b>Pepperell, MA 01463</b></p> </div> <div style="text-align: center;">   <p>9590 9402 5824 0034 2006 79</p> </div> <p>2. Article Number (Transfer from service label)</p> <div style="text-align: center; border: 1px solid black; padding: 5px;"> <p>7011 2000 0002 4020 1907</p> </div>	<p>A. Signature  <b>X</b> <i>DS Rhs Lin</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)  <i>Daniel J. Lin</i></p> <p>C. Date of Delivery  <i>7/13/2020</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Restricted Delivery</td> <td></td> </tr> </table>	<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"/> 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"/> Restricted Delivery	
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7011 2000 0002 4020 1907


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PEPPERELL, MA 01463

Postage	\$3.55	\$2.85	
Certified Fee		\$0.00	
Return Receipt Fee (Endorsement Required)		\$0.00	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$0.55	\$6.95	

Sent To **Pepperell Airport**

Street, Apt. No., or PO Box No. **165 Nashua Road**

City, State, ZIP+4 **Pepperell, MA 01463**

PS Form 3800, August 2006

See Reverse for Instructions