



BRYANTOWN
6425 LEONARDTOWN RD
BRYANTOWN, MD 20617-9998
(800)275-8777

04/27/2021 12:25 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

First-Class Mail® Letter	1		\$0.55
--------------------------	---	--	--------

Hollywood, MD 20636
Weight: 0 lb 0.80 oz
Estimated Delivery Date
Fri 04/30/2021

Certified Mail®			\$3.60
-----------------	--	--	--------

Tracking #:
70190160000079973999

Total			\$4.15
-------	--	--	--------

First-Class Mail® Letter	1		\$0.55
--------------------------	---	--	--------

Mechanicsville, MD 20659
Weight: 0 lb 0.80 oz
Estimated Delivery Date
Fri 04/30/2021

Certified Mail®			\$3.60
-----------------	--	--	--------

Tracking #:
70190160000079973401

Return Receipt			\$2.85
----------------	--	--	--------

Tracking #:
9590 9402 6287 0274 0429 63

Total			\$7.00
-------	--	--	--------

First-Class Mail® Letter	1		\$0.55
--------------------------	---	--	--------

Clinton, MD 20735
Weight: 0 lb 0.80 oz
Estimated Delivery Date
Fri 04/30/2021

Certified Mail®			\$3.60
-----------------	--	--	--------

Tracking #:
70190160000079973388

Return Receipt			\$2.85
----------------	--	--	--------

Tracking #:
9590 9402 6287 0274 0429 56

Total			\$7.00
-------	--	--	--------

First-Class Mail® Letter	1		\$0.55
--------------------------	---	--	--------

Clinton, MD 20735
Weight: 0 lb 0.80 oz
Estimated Delivery Date
Fri 04/30/2021

Certified Mail®			\$3.60
-----------------	--	--	--------

Tracking #:
70190160000079973371

Return Receipt			\$2.85
----------------	--	--	--------

Tracking #:
9590 9402 6287 0274 0429 49

Total			\$7.00
-------	--	--	--------

First-Class Mail® Letter	1		\$0.55
--------------------------	---	--	--------

Bowie, MD 20720
Weight: 0 lb 0.80 oz
Estimated Delivery Date
Fri 04/30/2021

Certified Mail®			\$3.60
-----------------	--	--	--------

Tracking #:
70190160000079973326

Return Receipt			\$2.85
----------------	--	--	--------

Tracking #:
9590 9402 6287 0274 0429 32

Total			\$7.00
-------	--	--	--------

First-Class Mail® Letter	1		\$0.55
--------------------------	---	--	--------

Letter
Hollywood, MD 20636
Weight: 0 lb 0.80 oz
Estimated Delivery Date
Fri 04/30/2021
Certified Mail® \$3.60
Tracking #: 70190160000079974019
Return Receipt \$2.85
Tracking #: 9590 9402 6287 0274 0429 70
Total \$7.00

Grand Total: \$88.15

Debit Card Remitted \$88.15

Card Name: VISA
Account #: XXXXXXXXXXXX7416
Approval #: 662579
Transaction #: 131
Receipt #: 002899
Debit Card Purchase: \$88.15
AID: A0000000980840 Chip
AL: US DEBIT
PIN: Verified

USPS is experiencing unprecedented volume
increases and limited employee
availability due to the impacts of
COVID-19. We appreciate your patience.

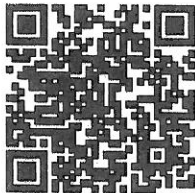
Text your tracking number to 28777 (2USPS)
to get the latest status. Standard Message
and Data rates may apply. You may also
visit www.usps.com USPS Tracking or call
1-800-222-1811.

Preview your Mail
Track your Packages
Sign up for FREE @
<https://informedelivery.usps.com>

Earn rewards on your business account
purchases of Priority Mail labels
with the USPS Loyalty program by
using Click and Ship. Visit
www.usps.com/smallbizloyalty
for more info.

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 231242-0617
Receipt #: 840-52000481-1-665168-2
Clerk: 09

7019 0160 0000 7997 3425

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0160 0000 7997 3425

7019 0160 0000 7997 3425

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	
Total Postage and Fees	
\$	

Postmark
Here

Sent To	Mary L Baker
Street and Apt. No., or PO Box No.	26728 Thompson Corner Road
City, State, ZIP+4®	Mechanicville, MD 20659
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 0160 0000 7997 3418

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0160 0000 7997 3418

7019 0160 0000 7997 3418

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

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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Haskell Campbell Jr. Street and Apt. No., or PO Box No. PO Box 514 City, State, ZIP+4® Charlotte, MD 20622	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 0160 0000 7997 3975

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



7019 0160 0000 7997 3975

7019 0160 0000 7997 3975

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

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total Postage and Fees	\$ _____

Postmark
Here

Sent To
 Marion Elizabeth Murdock c/o Helen Joy
 Street and Apt. No., or PO Box No.
 PO Box 54
 City, State, ZIP+4®
 Chaptco, MD 20621

7019 0160 0000 7997 3982

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0160 0000 7997 3982

7019 0160 0000 7997 3982

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OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	
Total Postage and Fees	
\$	

Postmark
Here

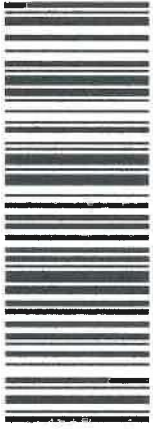
Sent To
 Dorothy Regina Frederick
 Street and Apt. No., or PO Box No.
 3608 EYRE DR S
 City, State, ZIP+4®
 Upper Marlboro, MD 20772

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

7019 0160 0000 7997 3999

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7019 0160 0000 7997 3999

7019 0160 0000 7997 3999

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Steven L Perrie	
Street and Apt. No., or PO Box No. 44833 Joy Chapel Road	
City, State, ZIP+4® Hollywood MD 20636	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 0160 0000 7997 4019

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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7019 0160 0000 7997 4019

7019 0160 0000 7997 4019

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OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$ _____
<input type="checkbox"/>	Return Receipt (electronic) \$ _____
<input type="checkbox"/>	Certified Mail Restricted Delivery \$ _____
<input type="checkbox"/>	Adult Signature Required \$ _____
<input type="checkbox"/>	Adult Signature Restricted Delivery \$ _____
Postage	
\$	
Total Postage and Fees	
\$	

Postmark
Here

Sent To
 Michelle R Perrie
 Street and Apt. No., or PO Box No.
 44833 Jay Chapel Rd
 City, State, ZIP+4®
 Hollywood, MD 20636

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

7019 0160 0000 7997 3319

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0160 0000 7997 3319

7019 0160 0000 7997 3319

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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 \$ _____

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Travis Ellenberger

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

27391 Yowaiski Mill Rd

City, State, ZIP+4®

Mechanicsville, MD 20659

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

See Reverse for Instructions

7019 0160 0000 7997 3326

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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7019 0160 0000 7997 3326

7019 0160 0000 7997 3326

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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 \$ _____

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Mary V + Charles I Briscoe

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

4527 Running Deer Way

City, State, ZIP+4®

Bowie MD 20720

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

See Reverse for Instructions

7019 0160 0000 7997 3333

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0160 0000 7997 3333

7019 0160 0000 7997 3333

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OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To James o Young Jr Trustee	
Street and Apt. No., or PO Box No. 808 Sero Estates Dr	
City, State, ZIP+4® Fort Washington, MD 20740	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7019 0160 0000 7997 3340

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



7019 0160 0000 7997 3340

7019 0160 0000 7997 3340

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark
Here

Sent To
 Deborah B Young Trustee
 Street and Apt. No., or PO Box No.
 808 Sero Estates Dr
 City, State, ZIP+4®
 Fort Washington, MD 20744

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

7019 0160 0000 7997 3357

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0160 0000 7997 3357

7019 0160 0000 7997 3357

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark
Here

Sent To	James Francis Thomas 40 Mary B. Allen
Street and Apt. No., or PO Box No.	37553 Asher Road
City, State, ZIP+4®	Mechanicsville MD 20659

7019 0160 0000 7997 3371

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0160 0000 7997 3371

7019 0160 0000 7997 3371

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

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark
Here

Sent To
James F Thomas
 Street and Apt. No., or PO Box No.
12424 Hillontrae DR
 City, State, ZIP+4®
Clinton, MD 20735

7019 0160 0000 7997 3388

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0160 0000 7997 3388

7019 0160 0000 7997 3388

U.S. Postal Service™
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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

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

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Fronsva Thomas

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

18424 Hillentrae Dr

City, State, ZIP+4®

Clinton, MD 20735

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

See Reverse for Instructions

7019 0160 0000 7997 3401

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0160 0000 7997 3401

7019 0160 0000 7997 3401

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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 \$ _____

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Joseph D. Baker

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

26728 Thompson Corner Road

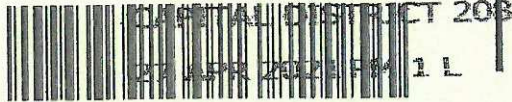
City, State, ZIP+4®

Mechanicsville, MD 20659

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

See Reverse for Instructions

USPS TRACKING #



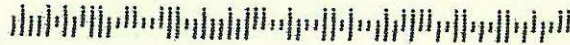
9590 9402 6287 0274 0429 25

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box®

Hugh Voehl
1450 Coopers Pt
Hughesville, MD 20637



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:

Travis Ellenberger
27391 Yowasemilled
Mechanicsville MD 20659



9590 9402 6287 0274 0429 25

2. Article Number (Transfer from service label)

7019 0160 0000 7997 3319

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
If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Insured Mail Restricted Delivery
(over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted
Delivery

Signature Confirmation™

Signature Confirmation
Restricted Delivery