

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:

HALLIGAN PROPERTIES LLC
1 NEWELL DR
FRANKLIN, MA 02038



9590 9402 9393 5002 0208 01

2. Article Number (Transfer from service label)
7022 3330 0000 6081 4548

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
4/26/25

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

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

Domestic Return Receipt

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1. Article Addressed to:

OAK RIDGE CONSTRUCTION CO
206 MAPLE ST, PO BOX 272
FRANKLIN, MA 02038



9590 9402 9393 5002 0207 19

2. Article Number (Transfer from service label)
7022 3330 0000 6081 1929

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* 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 Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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1. Article Addressed to:

NXHENGO LLC
893 WASHINGTON ST
FRANKLIN, MA 02038



9590 9402 9393 5002 0208 56

2. Article Number (Transfer from service label)
9589 0710 5270 0103 7794 28

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
23 APR 2025 PM 3 L

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

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

Domestic Return Receipt

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1. Article Addressed to:

440 EAST CENTRAL STREET L
C/O PARSON COMMERCIAL GR
5 COMMONWEALTH RD SUITE 1A
NATICK, MA 01760



9590 9402 9393 5002 0208 63

2. Article Number (Transfer from service label)
7022 3330 0000 6081 4685

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
4/25/25

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

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

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1. Article Addressed to:

BULLUKIAN GEORGE
BULLUKIAN DEBORAH A
P O BOX 70
FRANKLIN, MA 02038



9590 9402 9393 5002 0208 94

2. Article Number (Transfer from service label)
7022 3330 0000 6081 4654

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
23 APR 2025 PM 3 L

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

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

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1. Article Addressed to:

MA DEP CERO
8 New Bond St.
Worcester MA 01606



9590 9402 9333 5002 4567 90

2. Article Number (Transfer from service label)
9589 0710 5270 0103 7793 67

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

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X *[Signature]* Agent Addressee

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 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt