RGIN ISLANDS OF THE UNITED STATES

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INING AND NATURAL RESOURCES
ensive and Coastal Zone Planning
45 Mars Hill
eriksted, VI 00840

CERTIFIED MAIL

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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: ST URSULA EPISCOPAL Church
Street and Apt. No., or PO Box No.: PO Box 199
City, State, ZIP+4®: ST. John VI 00831

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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ST URSULA

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
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1. Article Addressed to:

ST. URSULA EPISCOPAL CHURCH
P.O. Box 199
ST. John. VI 00831

9590 9402 9308 4295 7159 08

2. Article Number *(Transfer from service label)*

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A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
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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
- ☐ d Mail Restricted Delivery 3500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

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45 Mars Hill
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- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To: Government of the Virgin Islands
Street and Apt. No., or PO Box No.: 8201 Subbase Suite #4
City, State, ZIP+4®: St Thomas, VI 00804

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

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- 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:

Gov. of the Virgin Islands
8201 Subbase Suite #4
St. Thomas, VI 00804

9590 9402 9308 4295 7158 92

2. Article Number (Transfer from service label)

7022 3330 0000 7498 6446

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

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

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45 Mars Hill
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CARPENTER T. J. & S.
3061 E
GILB

CERTIFIED MAIL

7022 3330 0000 7498 6439

7022 3330 0000 7498 6439

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

Postage $

Total Postage and Fees $

Postmark Here

Sent To CARPENTER T.J. & CARPENTERS R.B. & H.L.
Street and Apt. No., or PO Box No. 3061 E. OAK COURT
City, State, ZIP+4® GILBERT AZ 85297

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

SENDER: *COMPLETE THIS SECTION*

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- 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:

Carpenter T.J. & S.R.B. & H.L.
Carpenters R.B. & H.L.
3061 E. OAK Court
Gilbert, AZ 85297

9590 9402 9308 4295 7159 77

2. Article Number *(Transfer from service label)*

7022 3330 0000 7498 6439

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

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Certified Mail Fee $

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $

Postage $

Total Postage and Fees $

Sent To
Smith Alma
Street and Apt. No., or PO Box No.
PO Box 205
City, State, ZIP+4®
St. John VI 00831

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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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:

Smith Alma
P.O. Box 205
St. John, VI 00831

9590 9402 9308 4295 7159 60

2. Article Number *(Transfer from service label)*

9589 0710 5270 2238 0049 94

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
☐ Mail
☐ Mail Restricted Delivery
500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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