

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
Boston, MA 02108	
Certified Mail Fee	\$3.75
\$	\$3.05
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.60
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$8.55
\$	\$8.55
Total Postage and Fees	\$15.35
\$	\$15.35
Sent to	MA State Treasurer Deborah Goldberg
Street/PO Box	Office of the Treasurer
City, State, ZIP+4	One Ashburton Place, 12th Floor Boston, MA 02108
PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
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Boston, MA 02114	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$3.75
Extra Services & Fees (check box, add fee as appropriate)	\$3.05
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$8.55
Total Postage and Fees	\$13.35
Sent To	MA Commissioner Geoffrey Snyder
Street	MA Dept of Revenue
City, State, ZIP+4	100 Cambridge St Boston, MA 02114
PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions

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Boston, MA 02108	
<div> <div>OFFICIAL USE</div> <div>MA 02108</div> <div>DEC 2 2021</div> <div>USPS</div> </div>	
Certified Mail Fee	\$3.75
\$	\$3.00
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$8.55
\$	\$8.55
Total Postage and Fees	\$15.35
\$	\$15.35
Sent to	MA Attorney General Maura Healy
Street	Office of the MA Atty. General
	One Ashburton Place
City, State, ZIP+4®	Boston, MA 02108
PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL® RECEIPT</b>	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com®">www.usps.com®</a> .	
Boston, MA 02133	
<b>Certified Mail Fee</b>	\$3.75
<b>Extra Services &amp; Fees</b> (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$2.85
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$21.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
<b>Postage</b>	\$8.55
<b>Total Postage and Fees</b>	\$15.35
<b>Sent to:</b>	MA Governor Charles Baker Massachusetts State House, 24 Beacon St. Office of the Governor, Room 280 Boston, MA 02133
<b>Date:</b>	12/29/2021
<b>PS Form 3800, April 2015 PSN 7530-02-000-9047</b>	<b>See Reverse for Instructions</b>

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
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Hartford, CT 06103	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$3.05
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	
Postage	\$8.55
Total Postage and Fees	\$12.35
Sent to: Commissioner Mark Boughton CT Dept. of Revenue Services 450 Columbus Blvd, Suite 1 Hartford, CT 06103	
Street Address: _____ City, State, ZIP+4®: _____	

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Hartford, CT 06106

**OFFICIAL USE**

Certified Mail Fee \$3.75

Extra Services & Fees (check box, add fee)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$8.55

Total Postage and Fees \$13.35

Sent by Secretary of the Treasury Shawn Wooden

City, State, ZIP+4®  
165 Capitol Ave Ste 2000  
Hartford, CT 06106

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

See Reverse for Instructions



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New Britain, CT 06051

**OFFICIAL USE**

Certified Mail Fee \$3.75  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00  
Postage \$8.55  
Total Postage and Fees \$15.35

Sent To: CT Attorney General William Tong  
Office of the CT Attorney General  
10 Franklin Sq  
New Britain, CT 06051

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

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Hartford, CT 06106

**OFFICIAL USE**

Certified Mail Fee \$3.75  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00  
Postage \$8.55  
Total Postage and Fees \$15.35

Sent To: CT Governor Ned Lamont  
Office of the CT Governor, State Capitol  
210 Capitol Ave  
Hartford, CT 06106

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

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Washington, DC 20002

**OFFICIAL USE**

Certified Mail Fee \$3.75  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00  
Postage \$8.85  
Total Postage and Fees \$15.65

Sent To: IRS Commissioner Charles Rettig  
Internal Revenue Service  
77 K Street NE  
Washington, DC 20002

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

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

Washington, DC 20220

**OFFICIAL USE**

Certified Mail Fee \$3.75  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00  
Postage \$8.85  
Total Postage and Fees \$15.65

Sent To: US Secretary of the Treasury Janet Yellen  
U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20220

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

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Washington, DC 20530

**OFFICIAL USE**

Certified Mail Fee \$3.75  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00  
Postage \$8.85  
Total Postage and Fees \$15.65

Sent To: US Attorney General William Barr  
Office of the US Attorney General  
950 Pennsylvania Ave NW Ste 7141  
Washington, DC 20530

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

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Washington, DC 20500

**OFFICIAL USE**

Certified Mail Fee \$3.75  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00  
Postage \$8.85  
Total Postage and Fees \$15.65

Sent To: President Joseph Biden  
The White House  
1600 Pennsylvania Ave  
Washington, DC 20500

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

7019 0160 0000 9363 5392

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Washington, DC 20530

Certified Mail Fee \$3.75  
 \$  
 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 \$8.85

Total Postage and Fees \$15.65

Sent to US Inspector General Michael Horowitz  
 US Dept of Justice, Office of Inspector General  
 950 Pennsylvania Ave NW  
 Washington, DC 20530-0001

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

See Reverse for Instructions

7020 3160 0001 4682 2103

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Washington, DC 20543

Certified Mail Fee \$3.75  
 \$  
 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 \$15.50

Total Postage and Fees \$22.30

Sent to Clerk of Court Scott Harris  
 Supreme Court of the United States  
 1 First St, NE  
 Washington, DC 20543

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

See Reverse for Instructions



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>Article Addressed to:</p> <p>Secretary of the Treasury Shawn Wooden CT Office of the Treasurer 165 Capitol Ave Ste 2000 Hartford, CT 06106</p> <p>Barcode: 9590 9402 6991 1225 3178 84</p> <p>Article Number (Transfer from service label): 020 3160 0001 4683 2294</p> <p>Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <u>Wooden</u> C. Date of Delivery <u>1-3-22</u></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>Service Type: <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)</p> <p>Domestic Return Receipt</p>	
<p>MA Commissioner Geoffrey Snyder MA Dept. of Revenue 100 Cambridge St Boston, MA 02114</p> <p>Barcode: 9590 9402 6991 1225 3178 22</p> <p>Article Number (Transfer from service label): 7020 3160 0001 4682 2134</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <u>Wooden</u> C. Date of Delivery <u>1-3-22</u></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>Service Type: <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)</p> <p>Domestic Return Receipt</p>	
<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>Article Addressed to:</p> <p>MA Governor Charles Baker Massachusetts State House, 24 Beacon St. Office of the Governor, Room 280 Boston, MA 02133</p> <p>Barcode: 9590 9402 6991 1225 3178 53</p> <p>Article Number (Transfer from service label): 7020 3160 0001 4682 2134</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <u>Wooden</u> C. Date of Delivery <u>1-3-22</u></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>Service Type: <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)</p> <p>Domestic Return Receipt</p>	



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>Article Addressed to:</p> <p>Commissioner Mark Boughton CT Dept. of Revenue Services 450 Columbus Blvd, Suite 1 Hartford, CT 06103</p> <p>Article Number (Transfer from service label) 9590 9402 6991 1225 3178 60</p> <p>Article Number (Transfer from service label) 020 3160 0001 4683 2300</p> <p>Form 3811, July 2020 PSN 7530-02-000-9053</p>		<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>Article Addressed to:</p> <p>MA Attorney General Maura Healy Office of the MA Atty. General One Ashburton Place Boston, MA 02108</p> <p>Article Number (Transfer from service label) 9590 9402 6991 1225 3178 46</p> <p>Article Number (Transfer from service label) 020 3160 0001 4684 0404</p> <p>Form 3811, July 2020 PSN 7530-02-000-9053</p>	
<p>1. Article Addressed to:</p> <p>President Joseph Biden The White House 1600 Pennsylvania Ave Washington, DC 20500</p> <p>2. Article Number (Transfer from service label) 9590 9402 6991 1225 3179 52</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" 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"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)         </p>		<p>1. Article Addressed to:</p> <p>US Inspector General Michael Horowitz US Dept of Justice, Office of Inspector General 950 Pennsylvania Ave NW Washington, DC 20530-0001</p> <p>2. Article Number (Transfer from service label) 9590 9403 0350 5163 4113 58</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" 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"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)         </p>	
<p>1. Article Addressed to:</p> <p>US Inspector General Michael Horowitz US Dept of Justice, Office of Inspector General 950 Pennsylvania Ave NW Washington, DC 20530-0001</p> <p>2. Article Number (Transfer from service label) 9590 9403 0350 5163 4113 58</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" 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"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)         </p>		<p>1. Article Addressed to:</p> <p>US Inspector General Michael Horowitz US Dept of Justice, Office of Inspector General 950 Pennsylvania Ave NW Washington, DC 20530-0001</p> <p>2. Article Number (Transfer from service label) 9590 9403 0350 5163 4113 58</p> <p>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" 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"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)         </p>	



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	COMPLETE THIS SECTION ON DELIVERY
<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>Article Addressed to:</p> <p>Clerk of Court Scott Harris Supreme Court of the United States 1 First St, NE Washington, DC 20543</p> <p>9590 9402 6991 1225 3178 15</p> <p>Article Number (Transfer from service label) 7020 3160 0001 4682 2103</p> <p>S Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>1. Article Addressed to:</p> <p>US Secretary of the Treasury Janet Yellen U.S. Department of the Treasury 1500 Pennsylvania Avenue, NW Washington, DC 20220</p> <p>9590 9403 0350 5163 4314 55</p> <p>Article Number (Transfer from service label) 7019 0160 0000 9363 5279</p> <p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED MAR 2 2 2022 FRP 306</p> <p>3. Service Type  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery Merchandise  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Domestic Return Receipt</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>Article Addressed to:</p> <p>MA State Treasurer Deborah Goldberg Office of the Treasurer One Ashburton Place, 12th Floor Boston, MA 02108</p> <p>9590 9402 6991 1225 3178 39</p> <p>Article Number (Transfer from service label) 7019 0160 0000 4363 5354</p> <p>S Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>1. Article Addressed to:</p> <p>IRS Commissioner Charles Rettig Internal Revenue Service 77 K Street NE Washington, DC 20002</p> <p>9590 9402 6991 1225 3179 21</p> <p>Article Number (Transfer from service label) 7020 3160 0001 4683 2263</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED FEB 23 2022 Executive Secretariat</p> <p>3. Service Type  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery Merchandise  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Domestic Return Receipt</p>

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>A. Signature  X <u>Conid 19</u> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CT Governor Ned Lamont  Office of the CT Governor, State Capitol  210 Capitol Ave  Hartford, CT 06106</p>		<p>B. Received by (Printed Name)  <u>629</u></p>	<p>C. Date of Delivery  <u>12-30</u></p>
<p>2. Article Number (Transfer from sender label)  <u>7020 3160 0001 4683 2270</u></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> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	