

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:

Satkowski's  
10956 Blair Rd.  
Medina, NY 14103



9590 9402 7068 1251 7410 40

2. Article Number (Transfer from service label)

7015 1730 0002 0186 6759

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Jacobs*

Agent

Addressee

B. Received by (Printed Name)

JACOBS

C. Date of Delivery

9/9/23

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

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (0)

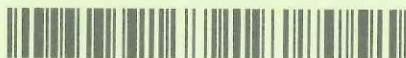
Domestic Return Receipt

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1. Article Addressed to:

Mr. Loren Fuller  
4944 Salt Works Rd  
Medina, NY 14103



9590 9402 7068 1251 7410 88

2. Article Number (Transfer from service label)

7015 1730 0002 0186 6780

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Jacobs*

Agent

Addressee

B. Received by (Printed Name)

JACOBS USPS

C. Date of Delivery

9/9/23

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

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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1. Article Addressed to:

Root Brothers Farm  
12595 West Lee Rd.  
Albion, NY 14411



9590 9402 7068 1251 7410 64

2. Article Number (Transfer from service label)

7015 1730 0002 0186 6742

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *April Root*

Agent

Addressee

B. Received by (Printed Name)

April Root

C. Date of Delivery

9/11/23

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

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (0)

Domestic Return Receipt

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1. Article Addressed to:

Mr. David Schubel  
11021 Ryan Rd.  
Medina, NY 14103



9590 9402 7068 1251 7410 57

2. Article Number (Transfer from service label)

7015 1730 0002 0186 6773

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

JACOBS

C. Date of Delivery

9/9/23

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

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Mr. Todd Roberts  
4263 Salt Works Rd.  
Medina, NY 14103



9590 9402 7068 1251 7410 71

2. Article Number (Transfer from service label)

7015 1730 0002 0186 6735

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

JACOBS USPS

C. Date of Delivery

9/9/23

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
- Registered Mail Restricted Delivery (\$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt