

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:

I received on 11/18/23
Gov. Wes Moore
100 State Circle
Annapolis, MD
21401-1925



2. Article Number (Transfer from service label)
 9590 0710 5270 0655 3256 47

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X* *Signature of the Addressee*
- B. Received by (Printed Name) *Matthew Williams*
- C. Date of Delivery *11/18/23*

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

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

Domestic Return: Facelet

I received on 11-5-23

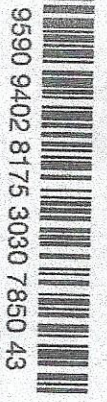
I received on 11-5-23

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1. Article Addressed to:

Attorney Iron Botes
Office of State Attorney
120 E Baltimore St.
Baltimore, Md. 21202



2. Article Number (Transfer from service label)
 589 0710 5270 0655 3256 23

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X* *Signature of the Addressee*
- B. Received by (Printed Name) *Matthew Williams*
- C. Date of Delivery *11/18/23*

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

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

Domestic Return: Facelet

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1. Article Addressed to:

Attorney Erik R. Bove
Office of US Attorneys
36 South Charles St.
Baltimore, Md. 2120192



2. Article Number (Transfer from service label)
 9590 0710 5270 0655 3256 30

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- X* *Signature of the Addressee*
- B. Received by (Printed Name) *Kenneth Eison*
- C. Date of Delivery *11/18/23*

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

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

Domestic Return: Facelet