7020 0090 0000 8306 2434

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6637 HOLLAND ST
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- ☐ Adult Signature Required $
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Sent To
833 MACKALL AVENUE LLC
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833 MACKALL AVE
City, State, ZIP+4®
MCLEAN, VA 22101

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

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- ☐ Adult Signature Required $
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LANGLY OAKS HOA
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P.O. BOX 481
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7019 2970 0001 8161 5780

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- ☐ Adult Signature Required $
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821 MACKALL AVE
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6619 HEIDI CT
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- ☐ Adult Signature Restricted Delivery $

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6630 HOLLAND ST
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MCLEAN, VA 22101

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ALAN MORRISSEY
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825 MACKALL AVE
City, State, ZIP+4®
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UNIT 4540 70
City, State, ZIP+4®
DPO, AE, 09975

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Sent To
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6644 HOLLAND ST
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TIMOTHY KUPLI
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829 MACKALL AVE
City, State, ZIP+4®
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- ☐ Certified Mail Restricted Delivery $
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6637 HOLLAND ST
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832 MACKALL AVE
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6519 HEATHER BROOK COURT
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- ☐ Adult Signature Required $
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JAMES CHUN
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6517 HEATHER BROOK COURT
City, State, ZIP+4®
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SOPHIA LEE
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6615 HEIDI COURT
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- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
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RAJEEV AGGARWAL
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6705 SORREL ST
City, State, ZIP+4®
MCLEAN, VA 22101

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LYNN PFADENHAUER
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6530 HEATHER BROOK CT
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Sent To
PAUL CHANG
Street and Apt. No., or PO Box No.
6620 HEIDI COURT
City, State, ZIP+4®
MCLEAN, VA 22101

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

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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
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Sent To
CHRISTOPHER ROTH
Street and Apt. No., or PO Box No.
6649 HOLLAND ST
City, State, ZIP+4®
MCLEAN, VA 22101

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

7020 0090 0000 8306 2489

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

Postage
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Total Postage and Fees
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FEB 10 2021
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JAMES & DENISE OLMSTED
Street and Apt. No., or PO Box No.
6616 HEIDI COURT
City, State, ZIP+4®
MCLEAN, VA 22101

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

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Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
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- ☐ Certified Mail Restricted Delivery $
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Sent To
PAUL BARNETT
Street and Apt. No., or PO Box No.
6045 WILSON BLVD, SUITE 300
City, State, ZIP+4®
ARLINGTON, VA 22205

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

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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
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Postmark Here
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FEB 1 2021
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Sent To
SADEGHI, AMIR
Street and Apt. No., or PO Box No.
6621 HEIDI CT
City, State, ZIP+4®
MCLEAN, VA 22101

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

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Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
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