<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	X Signature	☐ Agent☐ Addresse
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Deliver
1. Article Addressed to:  Bill & Jeanette Walsh	Is delivery address different from iter     If YES, enter delivery address below	
521 W Jefferson		
Tonesboro, AR 75401		

696T 9585 0000 0202 9TO2

3. Service Type

☐ Adult Signature

☐ Certified Mail®

☐ Insured Mail

(over \$500)

☐ Collect on Delivery

☐ Adult Signature Restricted Delivery

☐ Certified Mail Restricted Delivery

☐ Insured Mail Restricted Delivery

☐ Collect on Delivery Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

2. Article Number (Transfer from service label)

9590 9403 0740 5196 8870 06

SENDER: COMPLETE THIS SECTION

Domestic Return Receipt

☐ Priority Mail Express®

☐ Registered Mail Restricted

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

☐ Registered Mail™

☐ Return Receipt for Merchandise

Delivery

UNITED STATES POSTAL SERVICE

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

R2# 17-17

• Sender: Please print your name, address, and ZIP+4® in this box•

Done 5 boro Planning Dept

300 S. Church

Jonosbaro, AR 72401

USPS TRACKING#



1. Article Addressed to:  Rebo & Mary Jo Gibson  1007 Fairman DR  Joesbor, AR 72401	D. Is delivery address different from If YES, enter delivery address to	
9590 9403 0740 5196 8870 37	3. Service Type  Adult Signature  Adult Signature Restricted Delivery  Certified Mail®  Certified Mail Restricted Delivery  Collect on Delivery  Collect on Delivery Restricted Delivery	□ Priority Mail Express®     □ Registered Mail™     □ Registered Mail Restricted Delivery     □ Return Receipt for Merchandise     □ Signature Confirmation™
2. Article Number (transfer from service label)	☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	☐ Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	D	omestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

UNITED STATES POSTAL SERVICE

TO 380

Postage & Fees Paid USPS
Permit No. G-10

Sender: Please print your name, address, and ZIP+4® in this box®

Trushow Panning Dept.

300 S. Chusch

Jone Shoo, AR 72401

USPS TRACKING#

9590 9403 0740 5196 8870 37

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  XX
3209 Springwood Dre Thresboro, All 72404	
9590 9403 0740 5196 8870 20	3. Service Type □ Priority Mail Express® □ Registered Mail™ □ Adult Signature Restricted Delivery □ Certified Mail® □ Registered Mail Restricted Delivery □ Cellifed Mail Restricted Delivery □ Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirm ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return

UNITED STATES POSTAL SERVICE

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

R2# 17-17

• Sender: Please print your name, address, and ZIP+4® in this box•

Doneshuro Plans Dept

300 S. Church

Dresboro, AR 72401

USPS TRACKING#



9590 9403 0740 5196 8870 20

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X ACCON Hackwork Agent  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery
1. Article Addressed to: Focus Inc 504 Flint Street Jonesbaru, AR72401	D. Is delivery address different from item 1?
9590 9403 0740 5196 8875 01  2. Article Number ( <i>Transfer from service label</i> )	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail Restricted Delivery □ (Signature Confirmation Restricted Delivery Agover \$500)
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

UNITED STATES POSTAL SERVICE
TN 350
R2# 17267 UN 17



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

Jonesboro Planning Dept. 300 South Church S.

Josesbow, AR 72401

USPS TRACKING#



9590 9403 0740 5196 8875 01

## 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:

Doyle V. Pearcy 3200 Rhonda DR Josesbaro, AR 72401

9590 9403 0740 5196 8867 71

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

E Agent

B. Received by (Printed Name)

☐ Addressee Q. Date of Delivery

☐ Yes

□ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

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)

Delivery

Return Receipt for Merchandise

☐ Registered Mail™

☐ Priority Mail Express®

☐ Signature Confirmation™ ☐ Signature Confirmation

☐ Registered Mail Restricted

Restricted Delivery

Domestic Return Receipt

PS Form 3811, April 2015 PSN 7530-02-000-9053

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TN 380

SS年始刊1



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

Broshoro Planning Dept 300 S. Church

Jonesboro, AR 72401

**USPS TRACKING#** 



9590 9403 0740 5196 8867 71

SENDER: COMPLETE THIS SECTION.	9585 0000 0202	יחדף
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.  Article Addressed to:  Wowe h's Crisis Care of NA Inc  PO Box 721  Joneshore, AR 72403	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different fro If YES, enter delivery address	Agent Addressee C. Date of Delivery 7-5-/7 mitem 1? Yes
9590 9403 0740 5196 8869 93  2. Article Number (Transfer from service label)	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Insured Mail Restricted Delivery Insured Mail Restricted Delivery (over \$500)	□ Priority Mail Express®     □ Registered Mail™     □ Registered Mail Restricted Delivery     □ Return Receipt for Merchandise     □ Signature Confirmation™     □ Signature Confirmation Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Participated Services	Domestic Return Receipt

of Married and the second

UNITED STATES POSTAL SERVICE



• Sender: Please print your name, address, and ZIP+4® in this box•

Jone Show Planning Dopt

300 S. Church

USPS TRACKING#

Topos SA, crodonal



9590 9403 0740 5196 8869 93

#### SENDER: COMPLETE THIS SE

# 2016 2070 0000 5856 2003

- 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: JAC Office Holding LLC

519 West Washington Joresburo AR 72401



2. Article Number (Transfer from service label)

A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name,

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes T No

Service Type ☐ Adult Signature

(over \$500)

☐ Adult Signature Restricted Delivery ☐ Certified Mail®

☐ Certified Mail Restricted Delivery ☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery

☐ Priority Mail Express® □ Registered Mail™ ☐ Registered Mail Restricte Delivery

Return Receipt for Merchandise

□ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

### OPP. 2256 0000 0505 JLDS 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:

Chad & Pamely Neill 176 CR 406 Jonesbaro AR 72404



- 9590 9403 0740 5196 8869 48
- 2. Article Number (Transfer from service label)

A. Signature

Lesti Danson

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

M No

D. Is delivery address different from item 1? If YES, enter delivery address below:

- 3. Service Type ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

(over \$500)

☐ Insured Mail ☐ Insured Mail Restricted Delivery

- ☐ Priority Mail Express® ☐ Registered Mail™
- ☐ Registered Mail Restricte Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation<sup>™</sup> ☐ Signature Confirmation
- Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receip

#### 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.

Simmons First Back

1. Article Addressed to:

Attn: Little Rock Corp Accounts
POBOX 7009
Pine Bluff, AR 71611-7009

9590 9403 0740 5196 8869 31

2. Article Number (Transfer from service label)

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature

Minus Millet

Agent

Addressee
C. Date of Delivery

D. Is delivery address different from item 1?

nt from item 1? Yes

If YES, enter delivery address below:

Priority Mail Express®

☐ Registered Mail Restricted Delivery ☐ Return Receipt for

☐ Return Recei Merchandise

☐ Signature Confirmation
☐ Signature Confirmation
Restricted Delivery

□ Collect on Delivery Restricted Delivery
 □ Insured Mail
 □ Insured Mail Restricted Delivery

☐ Certified Mail Restricted Delivery

□ Adult Signature Restricted Delivery

3. Service Type

□ Adult Signature

☐ Certified Mail®

(over \$500)

☐ Collect on Delivery

Domestic Return Receipt

PS Form 3811, April 2015 PSN 7530-02-000-9053

# SENDER: COMPLETE THIS SECT SENDER: COMPLETE THIS SECT T2LT 9595 0000 0202 5 Complete items 1, 2, and 3. Print your name and address on the reverse

V W	1105	ent
* He whot		Addressee
B. Received by (Printed Name)	C. Pate	of Delivery
HTAlbot	(e) 3	re 17
D. Is delivery address different from		Yes.
If VES enter delivery address t	anlow.	1 Nio

1. Article Addressed to:

Rither Communicating Holdys Lee

2400 R: Her Dr

Janes Sooro, AR 12401

9590 9403 0740 5196 8870 51

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.

Adult Signature
Adult Signature Restricted Delivery
Certified Mail®
Certified Mail Restricted Delivery
Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail Restricted Delivery

Service Type

☐ Insured Mail

(over \$500)

 □ Return Receipt for Merchandise
 □ Signature Confirmation
 □ Signature Confirmation Restricted Delivery

□ Priority Mail Express®
 □ Registered Mail<sup>TM</sup>
 □ Registered Mail Restricte

Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

2. Article Number (Transfer from service label)