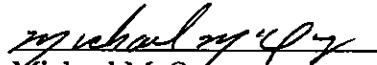


AFFIDAVIT

Brayden L + Bethany Paige Mohlke  
3500 Fairview Dr  
Jonesboro AR 72401

RE: 3500 Fairview Dr

I, Michael McQuay, a Code Enforcement Officer, being duly sworn upon oath, that I served the attached notice(s) upon each of the persons or firms therein addressed, by depositing copies thereof in the United States Mail, enclosed within envelopes plainly addressed, as shown with postage fully prepaid, at the Jonesboro, Arkansas Post Office located at 310 East Street, Suite A., before 3:00 P.M., on the 26th day of September, 2024.

  
Michael McQuay  
Jonesboro Code Enforcement

Subscribed and sworn before me the 26th day of September, 2024.

Maria Ryz  
Notary Public



My commission expires: 10 March 2034



DATE	INVOICE NO
9/26/2024	0068492

<b>BILL TO</b>
Brayden L & Bethany Paige Mohlke 3500 Fairview Drive Jonesboro, AR 72401

<b>DUE DATE</b>
10/31/2024

DESCRIPTION	QUANTITY	EFFECTIVE RATE	AMOUNT	DISCOUNT	CREDIT	BALANCE
PREVIOUS OUTSTANDING BALANCE						0.00
<b>Code Enforcement Charges:</b>						
Filing Fee - 3500 Fairview	1.00	15.00	15.00	0.00	0.00	15.00
Admin. Fee - 3500 Fairview	1.00	250.00	250.00	0.00	0.00	250.00
Clean Up & Haul Off - 3500 Fairview	1.00	250.00	250.00	0.00	0.00	250.00
<b>INVOICE TOTAL:</b>			<b>515.00</b>	<b>0.00</b>	<b>0.00</b>	<b>515.00</b>

*If payment is not made within (30) days, the lien may be certified to Craighead County for collection on real estate taxes or City may pursue a judicial foreclosure in accordance with Ark. Code Ann. § 14-54-904.*

PLEASE DETACH BOTTOM PORTION & REMIT WITH YOUR PAYMENT

For questions please contact us at (870) 932-3042

DUE DATE	INVOICE NO
10/31/2024	0068492

Customer Name: Brayden L & Bethany Paige Mohlke  
 Customer No: 024554  
 Account No: 0035919 - Code Enforcement Charges

**Please remit payment by the due date to:**

City of Jonesboro  
 300 South Church Street  
 PO Box 1845  
 Jonesboro, AR 72403

Invoice Total: 515.00  
 Discounts: 0.00  
 Credit Applied: 0.00  
 Ending Balance: 515.00

**INVOICE BALANCE: \$515.00**  
**AMOUNT PAID: \_\_\_\_\_**

9589 0710 5270 1221 1979 96

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- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ \_\_\_\_\_

Total Postage and Fees

\$ \_\_\_\_\_

Sent To  
 Street and Apt. No., or PO Box No.  
 City, State, ZIP+4®

Brayden Lt + Bethany Mohlke  
 3500 Fairview Dr  
 Jonesboro AR 72401



Postmark  
Here