

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:

DEBRA FUBANKS
4205 MOUNT CARMEL ROAD
JONESBORO, AR 72404



9590 9402 2237 6193 7087 72

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3819

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Debra J. Fubanks Agent
 Addressee

B. Received by (Printed Name)

Debra J. Fubanks

C. Date of Delivery

10-27

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

e Type

- Registered Mail™
 Registered Mail 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™
 Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 7087 72

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

R217-30

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:

HOWARD FRENCH
2110 WINTERHAVEN ST
IONESBORO, AR 72404



9590 9402 2237 6193 7087 89

2. ZIP+4® (Transfer from service label)

7014 1820 0001 1897 3802

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Howard French Agent
 Addressee

B. Received by (Printed Name)

HOWARD FRENCH 10/27/17

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

USPS TRACKING #



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

9590 9402 2237 6193 7087 89

United States
Postal Service

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

RZ 17-30

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:

PMCM, LLC
2304 STONEBRIDGE
JONESBORO, AR 72401



9590 9402 2237 6193 6800 61

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3734

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/2/15

Address different from item 1? Yes
Delivery address below: No

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™
 Signature Confirmation Restricted Delivery

(over \$500)

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

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 6800 61

United States
Postal Service

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

R217-30

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:

CLAY EDWARD
4110 SOUTHWEST DRIVE
JONESBORO, AR 72404



9590 9402 2237 6193 7087 58

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3833

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Edward*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is delivery address different from item 1? Yes
 delivery address below: No



- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 7087 58

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

THIS SECTION

COMPLETE THIS SECTION

DELIVERY

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.

A. Signature

 Donald Kissinger

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

DONALD KISSINGER
2117 WINTERHAVEN
JONESBORO, AR 72404

Address different from item 12 Yes
 delivery address below: 2017 No



9590 9402 2237 6193 6800 47

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™
-
-
- Signature Confirmation Restricted Delivery

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3758

Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 6800 47

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

RZ17-30

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:

BRUCE SITZ
4202 WINTERHAVEN CV
JONESBORO, AR 72404



9590 9402 2237 6193 6801 22

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3673

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

OCT 28 2017

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

-
- Yes
-
-
- No

-
- 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™
-
-
- Signature Confirmation Restricted Delivery

Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 6801 22

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

RZ17-30

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:

TERREL WATKINS
2221 MASTERS DRIVE
JONESBORO, AR 72404



9590 9402 2237 6193 6800 54

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3741

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Terrel Watkins* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-27-17

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 6800 54

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

RZ17-30

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:

VALLEY VIEW SCHOOL
2131 VALLEY VIEW DRIVE
JONESBORO, AR 72404
ATTN: BRYAN RUSSELL



9590 9402 2237 6193 6801 46

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3659

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Pamela Crane

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Pamela Crane

C. Date of Delivery

10-27-17

Address different from item 1? Yes
 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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 6801 46

United States
Postal Service

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

SP17-30

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:

JEFF LONG
4272 WELDON LANE
JONESBORO, AR 72404



9590 9402 2237 6193 7087 96

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3796

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

B Long

C. Date of Delivery

10/27/17

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 7087 96

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

R217-30

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1.

CLYDE GRAY
2804 WINDOVER COVE
JONESBORO, AR 72401



9590 9402 2237 6193 7087 65

2 Article Number (Transfer from service label)

7014 1820 0001 1897 3826

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

-
- Agent
-
-
- Addressee

10/22/17

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 7087 65

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

R217-30

SENDER: COMPLETE THIS SECTION

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- 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:

CARROLL CALDWELL
3009 VIST CT
JONESBORO, AR 72401



9590 9402 2237 6193 6801 08

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3697

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carroll Caldwell*

- Agent
- Addressee

B. Received by (Printed Name)

CARROLL CALDWELL

C. Date of Delivery

- Address different from item 1? Yes
- Delivery address below: No



- 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™
- Signature Confirmation Restricted Delivery

USPS TRACKING#



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

9590 9402 2237 6193 6801 08

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

R217-30

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:

JAMES MCDANIEL
1326 OAKDALE
JONESBORO, AR 72401



9590 9402 2237 6193 6800 85

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3710

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X/ *James McDaniel* Agent
 Addressee

B. Received by (Printed Name)

X/ *James McDaniel*

C. Date of Delivery

X/ *10/30/17*

D. Is delivery address different from item 1? Yes

delivery address below: No



- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Registered Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



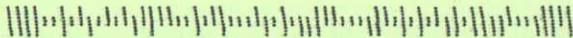
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 2237 6193 6800 85

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403



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 Address

ROBERT LAWRENCE
4209 WINTERHAVEN CV
JONESBORO, AR 72404



9590 9402 2237 6193 6800 16

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3789

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Rob Lawrence

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

ROB LAWRENCE

C. Date of Delivery

10/31/17

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

4. 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™
-
-
- Signature Confirmation Restricted Delivery

Restricted Delivery

(over \$500)

USPS TRACKING #



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

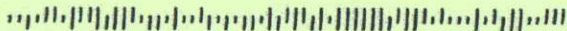
9590 9402 2237 6193 6800 16

United States
Postal Service

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

RZ17-30



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

*NIKSEFAT SAEED SY
P.O. BOX 130
NEWPORT, AR 72112*



9590 9402 2237 6193 6800 78

2

7014 1820 0001 1897 3727

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Laura Kewen

C. Date of Delivery

10-30-17

Is different from item 1? Yes

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
- Registered Mail
- Registered Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

USPS TRACKING#



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

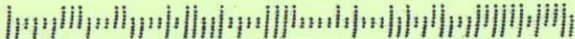
9590 9402 2237 6193 6800 78

United States
Postal Service

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

RZ17-30



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.

COOPER LAND & DEVELOPMENT
1600 COOPER LANE
JONESBORO, AR 72401



9590 9402 2237 6193 6800 92

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3703

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Roy E Cooper

C. Date of Delivery

12/30/17

D. Is delivery address different from item 1?

 Yes

IF YES, enter delivery address below:

 No 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™ Signature Confirmation Restricted Delivery

Restricted Delivery

USPS TRACKING#



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

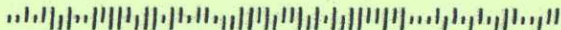
9590 9402 2237 6193 6800 92

United States
Postal Service

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

00-104545



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. Address

MARGUERITE KIRKSEY
5307 JOHNWOOD DRIVE
JONESBORO, AR 72404
C/O DEBRA MANGRUM



9590 9402 2237 6193 6801 15

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3680

COMPLETE THIS SECTION ON DELIVERY

A. Signature

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Debra Mangrum

C. Date of Delivery

-
- different from item 1?
-
-
- Yes
-
-
- No
-
- every 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
-
-
- Restricted Delivery

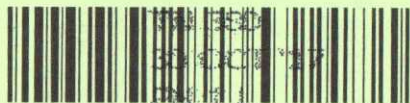
-
- Priority Mail Express®
-
-
- Registered Mail™
-
-
- Registered Mail Restricted Delivery
-
-
- Return Receipt for Merchandise
-
-
- Signature Confirmation™
-
-
- Signature Confirmation Restricted Delivery

(over \$500)

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

Domestic Return Receipt

USPS TRACKING#



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

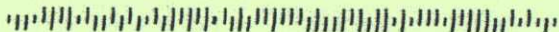
9590 9402 2237 6193 6801 15

United States
Postal Service

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

RZ17-30



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:

MORTGAGE CLEARING CORP
P.O. BOX 702100
TULSA, OK 74170



9590 9402 2237 6193 6800 23

2. Article Number (Transfer from service label)

7014 1820 0001 1897 3772

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Robert J. Brown Agent
 Addressee

B. Received by (Printed Name)

ROBERT J. BROWN

C. Date of Delivery

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

Service Type

Signature

Signature Restricted Delivery

 Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

 Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING #



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

9590 9402 2237 6193 6800 23

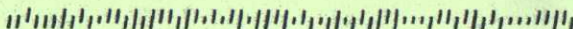
United States
Postal Service

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

R217-30

1045



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:

CORELOGIC
P.O. BOX 9202
COPPELL, TX 75019



9590 9402 2237 6193 6800 30

2. *(Transfer from service label)*

7014 1820 0001 1897 3765

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

MIKE CORDELL

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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2237 6193 6800 30

**United States
Postal Service**

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

CITY OF JONESBORO
PLANNING & INSPECTION DEPT.
P. O. BOX 1845
JONESBORO, AR 72403

RZ 17-30

