SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

A A LINE A LL

- 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.

MIGUEL OYERVIDES 116 CHESTNUT ST JONESBORO, AR 72401



2. Article Number (Transfer from service label)

COME	I FTF 1	HIS SE	CTION	OND	ELIVERY
COIVIE	LLILI	1110 01			Annual Control of the last

A. Signature	
	☐ Agent
X	☐ Addressee
B. Received by (Printed Name)	C. Date of Delivery

enter delivery address below: T 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 **Mail Restricted Delivery**

☐ Priority Mail Express®

☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery



City of Jonesboro Office of Code Enforcement P.O. Box 1845 Jonesboro, AR 72403



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MIGUEL OYERVIDES 116 CHESTNUT ST JONESBORO, AR 72401



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RETURN TO SENDER OF DELTVERABLE AS ADDRESSES UNABLE TO FORWARD

72403>1845

72403184545

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