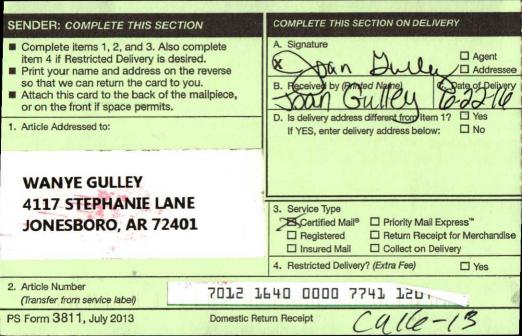
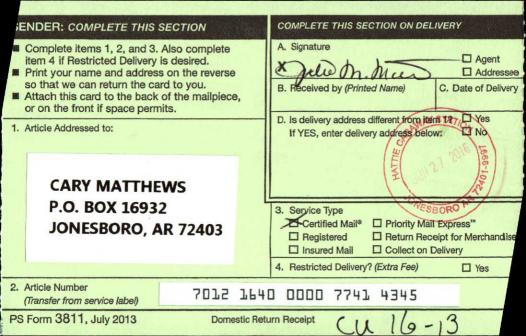
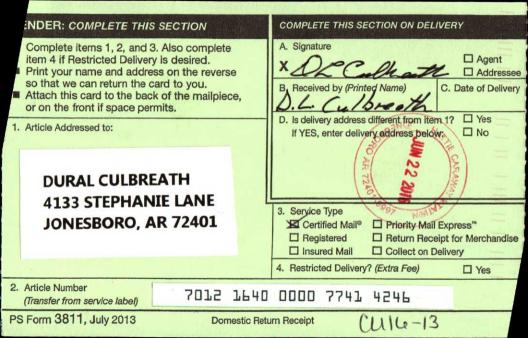




COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Signat Gomplete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent X Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item T Yes 1. Article Addressed to: If YES, enter delivery address below: D No **CLARENCE WOODARD 4125 STEPHANIE LANE** 3. Service Type **JONESBORO, AR 72401** Certified Mail® □ Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) 1 Yes 2. Article Number 7012 1640 0000 7741 4260 (Transfer from service label) PS Form 3811, July 2013 **Domestic Return Receipt** 1110-13











ENDER. COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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.

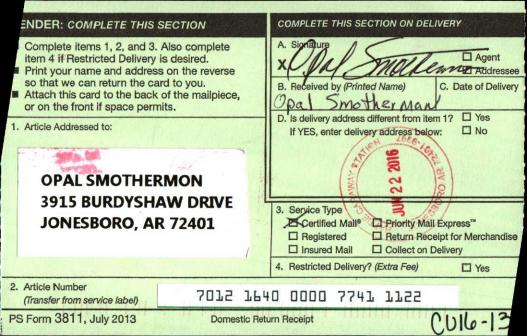
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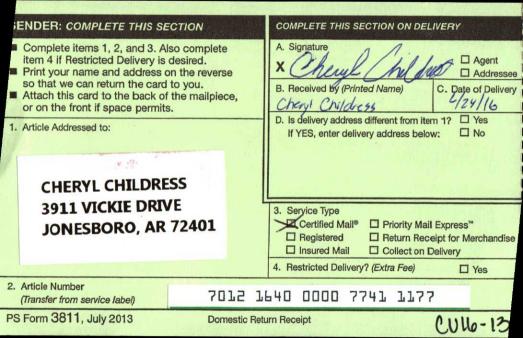
2. Article Number

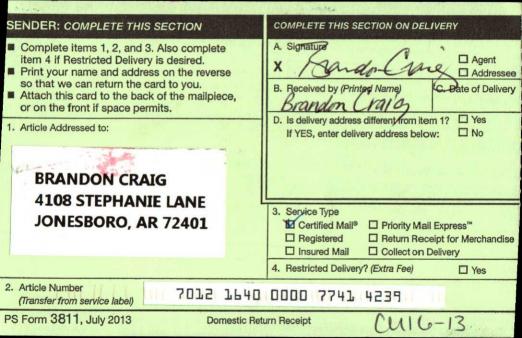
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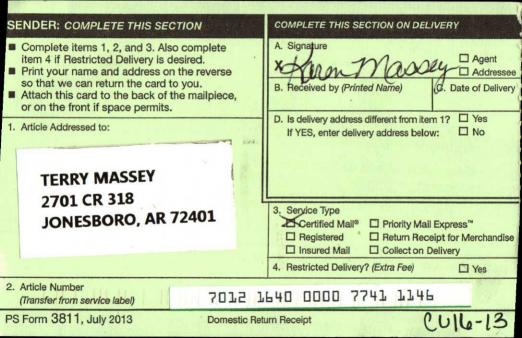
COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Markmos Addressee B. Received by (Printed Name) C. Date of Delivery 1 Yes D. Is delivery address different from item 1? If YES, enter delivery address below: CI No 155 5018 3. Service Type Certified Mail® □ Priority Mail Express[™] C Registered Return Receipt for Merchandise Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 7012 1640 0000 7741 4277

Domestic Return Receipt



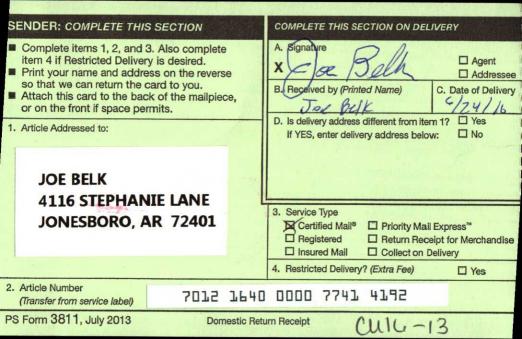














SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

NATHANIEL THOMPSON 4100 STEPHANIE LANE JONESBORO, AR 72401

COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addressee C/Date of Deliver B. Received by (Printed Name) □ Yes D. Is delivery address different from item 1? D No If YES, enter delivery address below: 3. Service Type Certified Mail® □ Priority Mail Express[™] C Registered Return Receipt for Merchandise T Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 7012 1640 0000 7741 4215

116-13

2. Article Number (Transfer from service label)

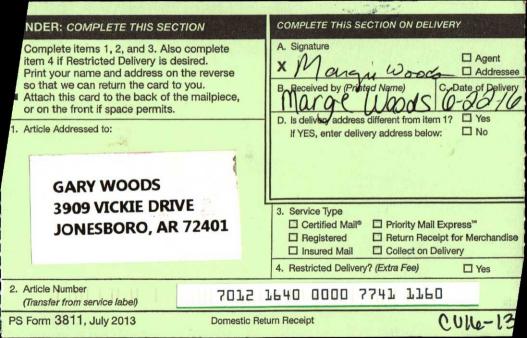
PS Form 3811, July 2013

Domestic Return Receipt



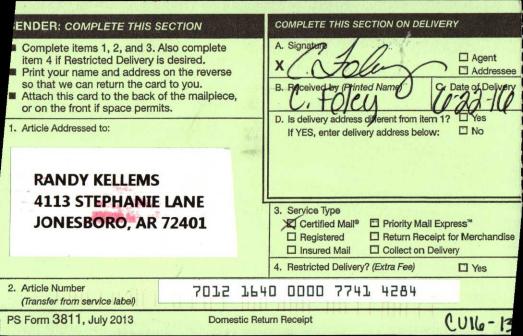


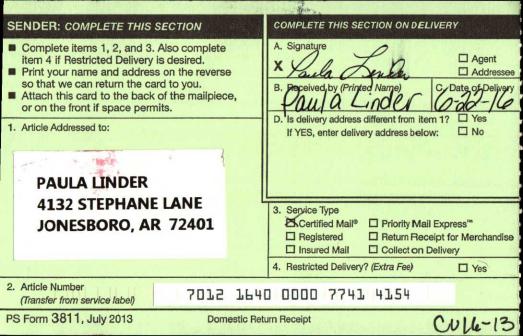


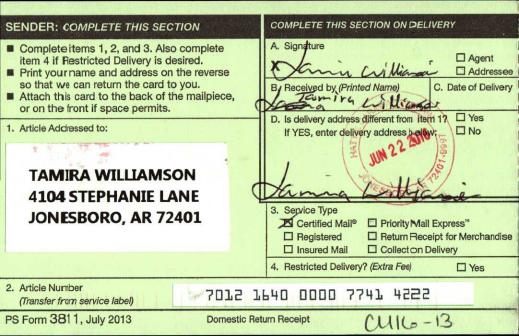






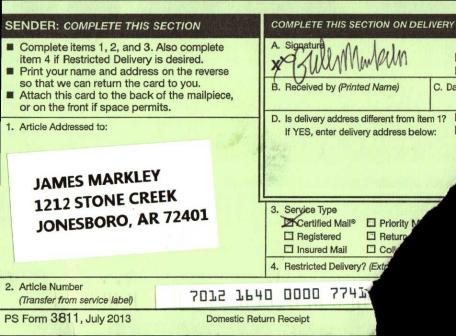


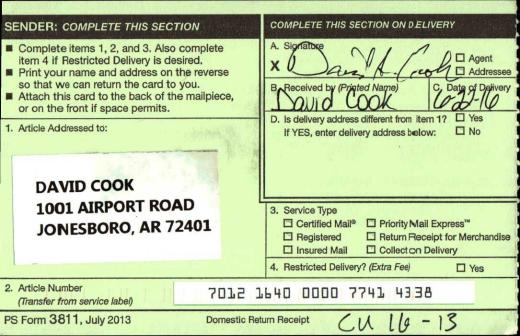














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