SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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
1. Article Addressed to:  L C CORP	
P.O. BOX 808 JONESBORO, AR 72403	3. Service Type  ☐ Certified Mail® ☐ Registered ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7012 164	10 0000 7741 1382
PS Form 3811, July 2013 Domestic Ret	urn Receipt CO 16-19

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.  Article Addressed to:  WILLIAM HURT P.O. BOX 2247 JONESBORO, AR 72402-2247	A. Signature  X
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	12 1640 0000 7741 1399
PS Form 3811, July 2013 Domes	stic Return Receipt $0 - 16 - 19$

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
ROBERT REES P.O. BOX 2516 JONESBORO, AR 72402-2516	3. Service Type
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
Ald Control of the Co	4. Restricted Delivery? (Extra Fee)
2. Article Number 4 (Transfer from sérvice label)	1640 0000 7741 1412
PS Form 3811, July 2013 Domestic Ret	urn Receipt CW 16-19

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.  Article Addressed to:  WILLIAM HURT P.O. BOX 2247 JONESBORO, AR 72402-2247	A. Signature  X
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	12 1640 0000 7741 1399
PS Form 3811, July 2013 Domes	stic Return Receipt $0 - 16 - 19$

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
ROBERT REES P.O. BOX 2516 JONESBORO, AR 72402-2516	3. Service Type
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
Ald Control of the Co	4. Restricted Delivery? (Extra Fee)
2. Article Number 4 (Transfer from sérvice label)	1640 0000 7741 1412
PS Form 3811, July 2013 Domestic Ret	urn Receipt CW 16-19