#### A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece. rane or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: No No MR. BRIAN RUSSEL, SUPT. VALLEY VIEW SCHOOLS 2131 VALLEY VIEW DR. 7244 3. Service Type □ Priority Mail Express® □ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Certified Mail® Delivery 9590 9402 1981 6123 4508 91 Return Receipt for ☐ Certified Mail Restricted Delivery Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation 7015 1730 0001 5161 3236 Restricted Delivery **Mail Restricted Delivery** PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION



9590 9402 1981 6123 4508 91

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

United States Postal Service

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



- 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 CHURCH OF CHEST P.O. BOX 3092 JONESBORE, AR 72403-3192

9590 9402 1981 6123 4508 77

- 2. Article Number (Transfer from service label)

7015 1730 0001 5161 3212

COMPLETE THIS SECTION ON DELIVERY

A. Signature Mullella

☐ Agent ☐ Addressee C. Date of Delivery

T Yes

-No

B. Received by (Printed Name) and lesser

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

- Service Type ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery Certified Mail®
- ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery
- □ Collect on Delivery Restricted Delivery Mail Restricted Delivery

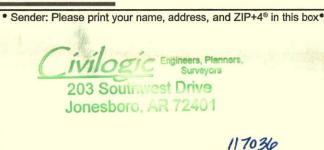
- □ Priority Mail Express® ☐ Registered Mail™
- □ Registered Mail Restricted Delivery B Beturn Receipt for
- Merchandise ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery



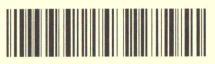
First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 1981 6123 4508 77

United States Postal Service



### SENDER: COMPLETE THIS SECTION COMPLETE TH'S SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Print your name and address on the reverse 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. ☐ Yes Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: No G.L.E. PROPERTIES 4911 SONTHWEST, DR. JONES 2020, AC 72404 3. Service Type ☐ Priority Mail Express® □ Adult Signature □ Registered Mail™ ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Certified Mail® Delivery ☐ Certified Mail Restricted Delivery Return Receipt for 9590 9402 1981 6123 4508 60 Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation Mail 0001 5161 7015 1730 Restricted Delivery Mail Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt





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

9590 9402 1981 6123 4508 60

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box



- 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. ant if space permits.

MIKSEFAT P.O. BOX 130

NEU+PORT, AR 72212



- 9590 9402 1981 6123 4508 46
- 2. Article Number (Tramsfer from service label)

7015 1730 0001 5161 3199

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

Service Type

☐ Adult Signature Restricted Delivery

Mail Restricted Delivery

☐ Certified Mail Restricted Delivery

☐ Adult Signature

Certified Mail®

☐ Collect on Delivery

Mail

(00)

AMERICA POR

B. Received by (Printed Name)

☐ Agent □ Addressee C. Date of Delivery

☐ Yes

No

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

☐ Priority Mail Express® ☐ Registered Mail™

□ Registered Mail Restricted

Delivery Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation

☐ Collect on Delivery Restricted Delivery

Restricted Delivery

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





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

9590 9402 1981 6123 4508 46

United States Postal Service • Sender: Please print your name, address, and ZIP+4® in this box.•



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իի Ույրդի ՈՄՍ իւմեկի ՈՄ անմարդի Մերկի

- 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:

APROLL CALDWARL 3009 VISTA CT. JONESBORD, AR 72404

9590 9402 1981 6123 4508 39

2. Article Number (Transfer from service label)

7015 1100 --PS Form 3811, July 2015 PSN 7530-02-000-9053 COMPLETE THIS SECTION ON DELIVERY

A. Signature

arrell Caldwill

☐ Agent C. Date of Delivery

B. Received by (Printed Name) ARROW CALOWELL

No.

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

☐ Adult Signature ☐ Adult Signature Restricted Delivery Gertified Mail®

☐ Certified Mail Restricted Delivery ☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

5161 3182

Mail Restricted Delivery

☐ Priority Mail Express® ☐ Registered Mail™

☐ Registered Mail Restricted

Delivery

Return Receipt for Merchandise

□ Signature Confirmation™ ☐ Signature Confirmation

Restricted Delivery



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

9590 9402 1981 6123 4508 39

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box



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Ովիլինայանիկավիրդիկիկայինինիկիկունդականակիլիա

- 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 1328 OAKDALE SONESSORO, ARMADI

9590 9402 1981 6123 4508 22

2. Article Number (Transfer from service label)

14.15 1730 0001 5161 3175

## COMPLETE THIS SECTION ON DELIVERY

A. Signature B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type ☐ Adult Signature

☐ Insured Mail

☐ Adult Signature Restricted Delivery Z Certified Mail®

**Nail Restricted Delivery** 

☐ Certified Mail Restricted Delivery ☐ Collect on Delivery Collect on Delivery Restricted Delivery

☐ Registered Mail Restricted Delivery Return Receipt for Merchandise

☐ Signature Confirmation™ ☐ Signature Confirmation

☐ Priority Mail Express®

☐ Registered Mail™

Restricted Delivery



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

9590 9402 1981 6123 4508 22

United States Postal Service

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



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- 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: MARGUERITE KIRKSEY C/O DEBRA MANGRUM 5307 JOHNWOOD DR SONESBORD, AR 72404

9590 9402 2340 6225 3750 74

2. Article Number (Transfer from service label)

7015 1730 0001 5161 3168

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name) C. Date of Delivery

☐ Agent

D. Is delivery address different from item 1?

☐ Yes No

If YES, enter delivery 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 ☐ Insured 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



9590 9402 2340 6225 3750 74

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

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box



## 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: Cooper LAND : DEVELOPMENT

1600 Cooper LN. JONESBORD, AR 72401

9590 9402 2340 6225 3750 67

2. Article Number (Transfer from service label) 7015 1730 0001 5161 3151

COMPLETE THIS SECTION ON DELIVERY

If YES, enter delivery address below:

A. Signature

B. Received by (Printed Name)

□ Addressee

☐ Agent

C. Date of Delivery

D. Is delivery address different from item 1? No.

3. Service Type ☐ Adult Signature

Certified Mail®

(Over \$500)

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

Mail Restricted Delivery

☐ Adult Signature Restricted Delivery Certified 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



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

9590 9402 2340 6225 3750 67

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box



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*ուրիուցիիիրդեցիումիուկիդիրիրդինումին* 

- 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:

ROBERT ? ANNA LANDRENCE 4209 KINTERHAVEN, CV. JONESBORD, AR 72404 9590 9402 2340 6225 3750 50

2. Article Number (Transfer from service label)

7015 1730 0001 516.

### COMPLETE THIS SECTION ON DELIVERY

A. Signature Kalentota

If YES, enter delivery address below:

☐ Agent ☐ Addressee

I No

ROBEKE

B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?

MAR 2 3 2017

Briority Mail Express®

☐ Registered Mail™ □ Adult Signature Restricted Delivery ☐ Registered Mail Restricted

Delivery Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

☐ Insured Mail ☐ Insured Mail Restricted Delivery

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery Restricted Delivery

3. Service Type

☐ Adult Signature

Certified Mail®

☐ Collect on Delivery

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



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

9590 9402 2340 6225 3750 50

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box



- 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:

KOWARD & MARTHA FRENCH 2110 WINTERHAVEN JONESBORD, AR MAGA



2. Article Number (Transfer from service label)

7015 1730 0001 5161 3137

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

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

☐ Agent

C. Date of Delivery

☐ Yes

☑ No

3. Service Type

☐ Adult Signature ☐ Adult Signature Restricted Delivery

Certified Mail® Certified Mail Restricted Delivery ☐ Collect on Delivery

☐ Insured Mail

☐ Collect on Delivery Restricted Delivery

lail 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





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

9590 9402 2340 6225 3750 43

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box



- 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:

DONALD ? LILLIAN KISSINGER 2117 KINTERHAVEN JONESBURD, AR 72404

9590 9402 2340 6225 3750 36

- 2. Article Number (Transfer from service label)
  - 7015 1730 0001 5161 3120

COMPLETE THIS SECTION ON DELIVERY

A. Signature

C. Date of Delivery B. Received by (Printed Name)

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

Agent

- 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

☐ Registered Mail Restricted Delivery

Return Receipt for Merchandise

☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

□ Priority Mail Express®

□ Registered Mail<sup>™</sup>

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





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

9590 9402 2340 6225 3750 36

**United States Postal Service** 

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



- 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:

DAVID JOE: CAROL ELDER. 4101 WISEMAN, BLVD.

SAN ANTONIO, TX 78257

9590 9402 2340 6225 3750 29

3330 3402 2040 0223 3730 2

2. Article Number (Transfer from service label)
7015 1730 0001 5161 3113

## COMPLETE THIS SECTION ON DELIVERY

A. Signetore

X

B./Received by (Printed Name)

☐ Agent
☐ Addressee

Date o

C. Date of Delivery

3. Service Type

Adult Signature

☐ Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

☐ Collect on Delivery Restricted Delivery red Mail red Mail Restricted Delivery

tover \$500)

☐ Priority Mail Express®☐ Registered Mail™

☐ Registered Mail™
 ☐ Registered Mail Restricte
 Delivery

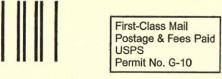
Return Receipt for Merchandise

Merchandise

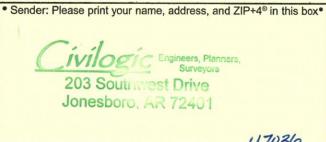
☐ Signature Confirmation
☐ Signature Confirmation
Restricted Delivery

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





**United States Postal Service** 



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- 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.
- Article Addressed to:

4501 MT. CARMEL Rd. JONESBOZO, AR 72404



2. Article Number (Transfer from service label)

701.5 0640 0004 A669 5854

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. B. Received by Printed Name

C.

C. Date of Delivery

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

- 3. Service Type ☐ Priority ☐ Adult Signature ☐ Registe
- ☐ Adult Signature Restricted Delivery

  Certified Mail®

  ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
  ☐ Collect on Delivery Restricted Delivery

Mail Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™

☐ Agent

☐ Yes

No No

Addressee

- □ Registered Mail™
   □ Registered Mail Restricted
   □ Delivery
- Return Receipt for Merchandise

  □ Signature Confirmation™
- □ Signature Confirmation™
   □ Signature Confirmation
   □ Restricted Delivery



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

9590 9402 2340 6225 3750 12

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