

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:

BILLY JOE AND SUSIE TURNER
3821 CR 333
JONESBORO, AR 72401

2. Article Number

(Transfer from service label)

7015 1730 0001 5162 6700

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Patty DeMurray*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No



Service Type

Registered Mail®

Registered

Insured Mail

☒ Priority Mail Express™

☐ Return Receipt for Merchandise

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



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

• 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

R217-16

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

**STROBBE ENTERPRISES, LLC
1213 CARDINAL ROAD
JONESBORO, AR 72401**

2. Article Number

(Transfer from service label)

7015 1730 0001 5162 6816

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Calvin Steel*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

06-17-17

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

THOmas

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



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

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

RZ17-16

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1. Article Addressed to:

HCCC, LLC
361 SOUTHWEST DRIVE 307
JONESBORO, AR 72401

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent

☐ Addressee

C. Date of Delivery

6-17-17

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7015 1730 0001 5162 6748

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

• 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

R217-16

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1. Art

PARK LAKE
3700 KRISTI LAKE
JONESBORO, AR 72404



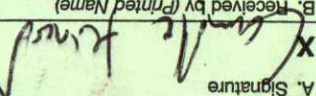
9590 9403 0740 5196 7083 63

2. Article Number (Transfer from service label)

7015 1730 0001 5162 6694

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	
B. Received by (Printed Name)	C. Date of Delivery
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

Domestic Return Receipt

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1. Article Addressed to:

**MICHAEL WAYNE ROLAND
3528 CHARLESTON DRIVE
JONESBORO, AR 72404**

2. Article Number
(Transfer from service label)

7015 1730 0001 5162 6717

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Carol Mary

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Carol Mary

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION ON DELIVERY

☐ Agent

☐ Addressee

C. Date of Delivery

from item 1? ☐ Yes

ss below: ☐ No

ity Mail Express™

rn Receipt for Merchandise

ct on Delivery

Fee)

☐ Yes

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