

BEFORE THE VIRGINIA GAS AND OIL BOARD

APPLICANT: EnerVest Operating, LLC

**DIVISION OF GAS AND OIL
DOCKET NO. VGOB 89-0126-0009-87**

RELIEF SOUGHT: MODIFICATION OF NORA COALBED GAS UNIT NOS:
35BQ,63BN,64BN,61BO,62BO,63BO,64BO,63BP68BB,68BC,69BC,70BC,71BC,72BC
73BC,81BO,83BP,57BA,58BA,59BA,60BA,58BB,92BL,93BL,94BL,90BM,91BM,92B
M,93BM,94BM,68BK,69BK,70BK,71BK,67BL,68BL,69BL,70BL,71BL,72BL,69BM8
3AT,83AU,84AU,85AU,86AU.

AFFECTED UNIT: (See Attached Exhibit H2)

APPLICATION

1. Applicant and its counsel: Applicant is EnerVest Operating, LLC, 408 W. Main Street, Abingdon, Virginia 24210. Applicant's Counsel is James E. Kaiser 220 Broad Street, Suite 301, Kingsport, TN 37660 (423) 578-3838.

2. Relief sought: (1) Modification of the Nora Coalbed Methane Gas Field Rules, to allow one additional coalbed gas well to be drilled within each of the 58.77 acre Nora Units identified above. (2) For an administrative order providing that additional well permits may be issued in the Nora Field after this application is filed and while it is pending.

3. Legal authority: 4 VAC 25-160-50 and § 45.1-361.20 of the Code of Virginia.

4. Proposed provisions of order sought: That one additional coalbed methane gas well may be drilled in each of the above referenced Nora Units; that the second well be located at least 600 feet from the nearest coalbed methane well; (and that production/royalties from each coalbed methane well drilled in the said Units shall continue to be allocated solely to the owners and claimants of and to the coalbed methane within the Unit in which the well is located.)

5. Type of wells and field: Coalbed methane frac well within the portion of the Nora Coalbed Gas Field described above, and as depicted in the attached Exhibit H2.

6. Formations subject to application: All coal beds and coal seams being all producible coal seams and other associated formations, named and unnamed coal seams from the Kennedy to the base of the Pennsylvanian coal seams in the Nora Coalbed Gas Field.

7. **Description of interest/claim of persons being notified:** Coalbed methane.
8. **Estimated ultimate recovery in each Nora Unit identified above:** 500 MMCF
9. **Map:** See Exhibit H2 annexed hereto.
10. **The boundaries and acreage affected:** see Exhibit H2 annexed hereto.
11. **Attestation:** The foregoing application to the best of my knowledge, information and belief is true and correct.

EnerVest Operating, LLC

By: 
James E. Kaiser
220 Broad Street, Suite 301
Kingsport, TN 37660
(423) 578-3838


AFFIDAVIT OF DUE OF DILIGENCE

**COMMONWEALTH OF VIRGINIA
COUNTY OF RUSSELL**

I, James E. Kaiser, after being duly sworn upon oath, state as follows:

1. I am responsible for the notification process required by VA. Code Ann. § 45.1-361.19 and VR 480-05-22.2 § 4.
2. That EnerVest Operating, LLC. has exercised due diligence in attempting to locate and notice all owners and claimants who are unleased and/or who were not previously pooled by prior order(s) of the Virginia Gas and Oil Board regarding **the Nora Coalbed Gas Field**, all as required by Va. Code Ann. § 45.1-361.19 and VR 480-05-22.2.
3. That on **April 8, 2016**, a true and correct copy of the Notice of Hearing with Exhibits will be mailed, via certified mail return receipt requested, to all owners and claimants listed in Exhibit B for whom mailing addresses were then available.
4. That EnerVest Operating, LLC, will continue to exercise due diligence in attempting to locate and identify the names and/or addresses of any unknown of unlocatable parties and, if located or identified, will notify them of EnerVest Operating, LLC's application.

I have read the foregoing, and the information given above is true and correct to the best of my knowledge and belief.



James E. Kaiser
Counsel for
EnerVest Operating, LLC


ACKNOWLEDGMENT

STATE OF TENNESSEE

COUNTY OF SULLIVAN

TAKEN, SUBSCRIBED AND SWORN to before me this 8th day of
April 2016.


Susan Peterson, Notary



My commission expires: August 24, 2016.

BEFORE THE VIRGINIA GAS AND OIL BOARD

APPLICANT: EnerVest Operating, LLC

DIVISION OF GAS AND OIL
DOCKET NO. 89-0126-0009-87

RELIEF SOUGHT: MODIFICATION OF NORA COALBED GAS UNIT NOS:
35BQ,63BN,64BN,61BO,62BO,63BO,64BO,63BP68BB,68BC,69BC,70BC,71BC,72BC
73BC,81BO,83BP,57BA,58BA,59BA,60BA,58BB,61BC92BL,93BL,94BL,90BM,91B
M,92BM,93BM,94BM,68BK,69BK,70BK,71BK,67BL,68BL,69BL,70BL,71BL,72BL,6
9BM83AT,83AU,84AU,85AU,86AU.

AFFECTED UNIT: (See Attached Exhibit H2)

NOTICE OF HEARING

HEARING DATE: May 10, 2016

PLACE: Conference Center at the Russell County Office Facility
Lebanon, Virginia

TIME: 9:00 a.m.

COMMONWEALTH OF VIRGINIA:

To: See Exhibit "B" attached hereto:

1. **Applicant and its counsel:** Applicant is EnerVest Operating, LLC, 408 W. Main Street, Abingdon, Virginia 24210. Applicant's Counsel is James E. Kaiser, 220 Broad Street, Suite 301, Kingsport, TN 37660, (423) 578-3838.

2. **Relief sought:** (1) Modification of the Nora Coalbed Methane Gas Field Rules, to allow one additional coalbed gas well to be drilled within each of the 58.77 acre Nora Units identified above. (2) For an administrative order providing that additional well permits may be issued in the Nora Field after this application is filed and while it is pending.

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7. **Description of interest/claim of persons being notified:** Coalbed methane.

8. **Estimated ultimate recovery in each Nora Unit identified above:** 500 MMCF

9. **Map:** See Exhibit H2 annexed hereto.

10. **The boundaries and acreage affected:** See Exhibit H2 annexed hereto.

11. **Attestation:** The foregoing notice to the best of my knowledge, information and belief is true and correct.

NOTICE IS FURTHER GIVEN that this cause has been set for hearing and the taking of evidence at the time and place first stated above and that notice will be published as required by law and the Rules of the Virginia Gas and Oil Board.

NOTICE IS FURTHER GIVEN that you may attend this hearing, with or without an attorney, and offer evidence or state any comments you have. For further information or a copy of the application and any exhibits thereto, you may contact the Virginia Gas and Oil Board, State Oil and Gas Inspector, Department of Mines, Minerals and Energy, Division of Gas and Oil, P.O. Box 159, Lebanon, Virginia 24266, (276) 514-9650 or the Applicant at the address shown below.

EnerVest Operating, LLC

By: 
James E. Kaiser
220 Broad Street, Suite 301
Kingsport, TN 37660
(423) 578-3838

30BN	31BN	32BN	33BN	34BN	35BN	36BN	37BN	38BN	39BN	40BN
30BO	31BO	32BO	33BO	34BO	35BO	36BO	37BO	38BO	39BO	40BO
30BP	31BP	32BP	33BP	34BP	35BP	36BP	37BP	38BP	39BP	40BP
30BQ	31BQ	32BQ	33BQ	34BQ	35BQ	36BQ	37BQ	38BQ	39BQ	40BQ
Dickenson Co.										
30BR	31BR	32BR	33BR	34BR	35BR	36BR	37BR	38BR	39BR	40BR
30BS	31BS	32BS	33BS	34BS	35BS	36BS	37BS	38BS	39BS	40BS
30BT	31BT	32BT	33BT	34BT	35BT	36BT	37BT	38BT	39BT	40BT
30BU	31BU	32BU	33BU							

EXHIBIT H-2
ENERVEST OPERATING, LLC
INCREASED DENSITY DRILLING
NORA FIELD

PROPOSED UNITS

Date: 4/7/2016

	57BL	58BL	59BL	60BL	61BL	62BL	63BL	64BL	65BL	66BL	67BL
57BM	58BM	59BM	60BM	61BM	62BM	63BM	64BM	65BM	66BM	67BM	
57BN	58BN	59BN	60BN	61BN	62BN	63BN	64BN	65BN	66BN	67BN	
57BO	58BO	59BO	60BO	61BO	62BO	63BO	64BO	65BO	66BO	67BO	
57BP	58BP	59BP	60BP	61BP	62BP	63BP	64BP	65BP	66BP	67BP	
57BQ	58BQ	59BQ	60BQ	61BQ	62BQ	63BQ	64BQ	65BQ	66BQ	67BQ	
57BR	58BR	59BR	60BR	61BR	62BR	63BR	64BR	65BR	66BR	67BR	
57BS	58BS	59BS	60BS	61BS	62BS	63BS	64BS	65BS	66BS	67BS	

Dickenson Co.

EXHIBIT H-2
ENERVEST OPERATING, LLC
INCREASED DENSITY DRILLING
NORA FIFI D

PROPOSED UNITS

 Date: 4/7/2016

65AY	66AY	67AY	68AY	69AY	70AY	71AY	72AY	73AY	74AY	75AY
65AZ	66AZ	67AZ	68AZ	69AZ	70AZ	71AZ	72AZ	73AZ	74AZ	75AZ
65BA	66BA	67BA	68BA	69BA	70BA	71BA	72BA	73BA	74BA	75BA
65BB	66BB	67BB	68BB	69BB	70BB	71BB	72BB	73BB	74BB	75BB
65BC	66BC	67BC	68BC	69BC	70BC	71BC	72BC	73BC	74BC	75BC
65BD	66BD	67BD	68BD	69BD	70BD	71BD	72BD	73BD	74BD	75BD
65BE	66BE	67BE	68BE	69BE	70BE	71BE	72BE	73BE	74BE	75BE
65BF	66BF	67BF	68BF	69BF	70BF	71BF	72BF	73BF		

Dickenson Co.

ENERVEST OPERATING, LLC
 INCREASED DENSITY DRILLING
 NORA FIELD

EXHIBIT H-2


PROPOSED UNITS



Date: 4/7/2016

76BL	77BL	78BL	79BL	80BL	81BL	82BL	83BL	84BL	85BL	86BL
76BM	77BM	78BM	79BM	80BM	81BM	82BM	83BM	84BM	85BM	86BM
Dickenson Co.										
77BN	78BN	79BN	80BN	81BN	82BN	83BN	84BN	85BN	86BN	
76BO	77BO	78BO	79BO	80BO	81BO	82BO	83BO	84BO	85BO	86BO
76BP	77BP	78BP	79BP	80BP	81BP	82BP	83BP	84BP	85BP	86BP
Russell Co.										
76BQ	77BQ	78BQ	79BQ	80BQ	81BQ	82BQ	83BQ	84BQ	85BQ	86BQ
76BR	77BR	78BR	79BR	80BR	81BR	82BR	83BR	84BR	85BR	86BR
76BS	77BS	78BS	79BS				83BS			

EXHIBIT H-2
ENERVEST OPERATING, LLC
INCREASED DENSITY DRILLING
NORA FIELD



PROPOSED UNITS

Date: 4/7/2016

87BI	88BI	89BI	90BI	91BI	92BI	93BI	94BI	95BI	96BI	97BI
87BJ	88BJ	89BJ	90BJ	91BJ	92BJ	93BJ	94BJ	95BJ	96BJ	97BJ
87BK	88BK	89BK	90BK	91BK	92BK	93BK	94BK	95BK	96BK	97BK
87BL	88BL	89BL	90BL	91BL	92BL	93BL	94BL	95BL	96BL	97BL
87BM	88BM	89BM	90BM	91BM	92BM	93BM	94BM	95BM	96BM	97BM
87BN	88BN	89BN	90BN	91BN	92BN	93BN	94BN	95BN	96BN	97BN
87BO	88BO	89BO	90BO	91BO	92BO	93BO	94BO	95BO	96BO	97BO
87BP	88BP	89BP	90BP	91BP						

Russell Co.

Buchanan Co.


EXHIBIT H-2
ENERVEST OPERATING, LLC
INCREASED DENSITY DRILLING
NORA FIELD

PROPOSED UNITS

Date: 4/7/2016

65BH	66BH	67BH	68BH	69BH	70BH	71BH	72BH	73BH	74BH	75BH
65BI	66BI	67BI	68BI	69BI	70BI	71BI	72BI	73BI	74BI	75BI
65BJ	66BJ	67BJ	68BJ	69BJ	70BJ	71BJ	72BJ	73BJ	74BJ	75BJ
65BK	66BK	67BK	68BK	69BK	70BK	71BK	72BK	73BK	74BK	75BK
Dickenson Co.										
65BL	66BL	67BL	68BL	69BL	70BL	71BL	72BL	73BL	74BL	75BL
65BM	66BM	67BM	68BM	69BM	70BM	71BM	72BM	73BM	74BM	75BM
65BN	66BN	67BN	68BN	69BN	70BN	71BN	72BN	73BN	74BN	75BN
65BO	66BO	67BO	68BO	69BO	70BO	71BO	72BO			

EXHIBIT H-2
ENERVEST OPERATING, LLC
INCREASED DENSITY DRILLING
NORA FIELD



PROPOSED UNITS


Date: 4/7/2016

82AS	83AS	84AS	85AS	86AS	87AS	88AS
82AT	83AT	84AT	85AT	86AT	87AT	88AT
82AU	83AU	84AU	85AU	86AU	87AU	88AU
82AV	83AV	84AV	85AV	86AV	87AV	88AV
82AW	83AW	84AW	85AW	86AW	87AW	88AW

Budhanan Co.

EXHIBIT H-2
ENERVEST OPERATING, LLC
INCREASED DENSITY DRILLING
NORA FIELD

PROPOSED UNITS



Date: 4/7/2016

56AZ	57AZ	58AZ	59AZ	60AZ	61AZ
56BA	57BA	58BA	59BA	60BA	61BA
56BB	57BB	58BB	59BB	60BB	61BB
56BC	57BC	58BC	59BC	60BC	61BC
Dickenson Co.					

EXHIBIT H-2
ENERVEST OPERATING, LLC
INCREASED DENSITY DRILLING
NORA FIELD

PROPOSED UNITS

Infills

Date: 4/29/2011

BEFORE THE VIRGINIA GAS AND OIL BOARD

Applicant: EnerVest Operating LLC)

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Relief Sought: Modification of the Nora Coalbed Methane Gas Field Rules, to allow more than one coalbed gas well to be drilled and an order providing additional well permits)

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AFFIDAVIT OF MAILING
(CERTIFICATE OF SERVICE)

STATE OF TENNESSEE)

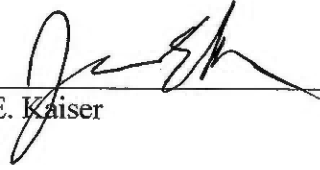
)

COUNTY OF SULLIVAN)

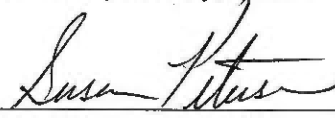
)

James E. Kaiser, of lawful age, being duly sworn, upon oath, deposes and says:

- (1) He is a partner with WILHOIT & KAISER, Agent for EnerVest Operating LLC ("EVO") and makes this affidavit on behalf of EVO.
- (2) Based upon information and belief, the names and last-known addresses, where such addresses are known, of the parties owning an interest in the oil and gas in this cause are set forth and attached hereto.
- (3) On the 8th day of April, 2016, true and correct copies of the Application and the Notice of Hearing in this matter were placed in the United States mail in Kingsport, TN, certified mail, return receipt requested, postage prepaid, duly addressed to the unleased parties at their respective addresses as set forth in the attached Exhibit B which is hereby made a part of this Affidavit.
- (4) Notice of this cause has therefore been served by mail pursuant to the applicable statutes and rules of the Board.


James E. Kaiser

SUBSCRIBED AND SWORN TO before me this 3rd day of May, 2016.


Susan Peterson, Notary



My commission expires: August 24, 2016.

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:

James R Sutherland
543 Sheldon Flats Rd
Libby, MT 59923



2. Article Number (Transfer from service label)

7009 2250 0001 7693 7442

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 James R Sutherland Agent
 Addressee

B. Received by (Printed Name) *James R Sutherland* C. Date of Delivery *04-15-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Registered Mail Restricted Delivery	

Domestic Return Receipt

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:

Sandra L Combs
7905 Seminole Blvd 3101
Seminole, FL 33772



2. Article Number (Transfer from service label)

7009 2250 0001 7693 7435

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] 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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Registered Mail Restricted Delivery	

Domestic Return Receipt

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:

Tanas L Bowman
1125 Sharon Ave
Kettering, OH 45429



COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Tanas L Bowman Agent
 Addressee

B. Received by (Printed Name) *TANAS L BOWMAN* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise

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:

Alesia Nieman
15208 Cambridge
Fraser, MI 48026



9590 9402 1344 5285 9088 25

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5178

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Alesia Nieman* Agent Addressee

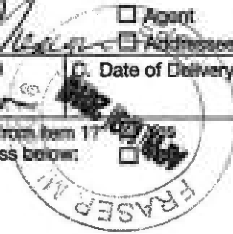
B. Received by (Printed Name)

Alesia Nieman

C. Date of Delivery

*APR 2 2015*D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:



3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |
| <input type="checkbox"/> 0 | |

Domestic Return Receipt

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:

Kathy Dawn Turner
3127 Tee Lane
Knoxville, TN 37918



9590 9402 1344 5285 9095 25

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6971

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kathy Dawn Turner* Agent Addressee

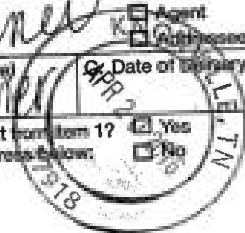
B. Received by (Printed Name)

Kathy Dawn Turner

C. Date of Delivery

*APR 2 2015*D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:



3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |
| <input type="checkbox"/> 0 | |

Domestic Return Receipt

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:

Maynard & Jeannie Qusenberry
17441 Bold Venture Drive
Tehachapi, CA 93561



9590 9402 1344 5285 9095 25

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Maynard & Jeannie Qusenberry* Agent Addressee

B. Received by (Printed Name)

Maynard & Jeannie Qusenberry

C. Date of Delivery

*APR 2 2015*D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |

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:

Clinton H Sutherland
19167 Old Jonesboro Rd
Abingdon, VA 24211



9590 9402 1344 5285 9093 58

2. Article Number (Transfer from service label)

7009 2250 0001 7693 7305

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Clinton H Sutherland*

Agent

Addressee

B. Received by (Printed Name)

Clinton H Sutherland

C. Date of Delivery

4/22/16

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

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

Restricted Delivery

Domestic Return Receipt

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:

Doyle Kennedy
2642 Sunset Dr
New Smyrna Beach, FL 32168



9590 9402 1344 5285 9098 22

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6728

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Doyle Kennedy*

Agent

Addressee

B. Received by (Printed Name)

DOYLE KENNEDY

C. Date of Delivery

4/15/16

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

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

Restricted Delivery

Domestic Return Receipt

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:

April Kiesling Miller
1340 Mt. Ulla Highway
Mooreville, NC 21885



9590 9403 0754 5196 3401 08

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *April Kiesling Miller*

Agent

Addressee

B. Received by (Printed Name)

April Kiesling Miller

C. Date of Delivery

4/15/16

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery

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

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:

Velva Gail Bostic
 PO Box 193
 Davenport, VA 24239



9590 9402 1344 5285 9083 99

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5956

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Velva Bostic*

Agent

Addressee

B. Received by (Printed Name)

Velva Bostic

C. Date of Delivery

4-21-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Jeanette Rose
 1495 North Huron Rd
 Tawas City, MI 48763



9590 9402 1344 5285 9099 83

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6889

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jeanette Rose*

Agent

Addressee

B. Received by (Printed Name)

Jeanette Rose

C. Date of Delivery

4-25-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted 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

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:

Ken Titus Breeding
 12455 Yeawood Dr
 Boston, VA 22713



9590 9402 1344 5285 9079 89

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Shelia K. Breedy*

Agent

Addressee

B. Received by (Printed Name)

Shelia K. Breedy

C. Date of Delivery

4-14-16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for

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:

Samuel H Sutherland
7011 Lithia Woods Ct
Lithia, FL 33547



9590 9402 1344 5285 9093 72

2. Article Number (Transfer from service label)

7009 2250 0001 7693 7329

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Samuel H. Sutherland

Agent

Addressee

B. Received by (Printed Name)

SAMUEL H. SUTHERLAND

C. Date of Delivery

4/16/16

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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

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:

Harry Parker &
Ethel I Sutherland
1623 Millard Ave
Royal Oak, MI 48073



9590 9402 1344 5285 9082 45

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5642

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Robert E. Sutherland

Agent

Addressee

B. Received by (Printed Name)

ROBERT E. SUTHERLAND

C. Date of Delivery

4/15/16

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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

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:

Carla & Keith Berry
2215 NE 112th Ave
Vancouver, WA 98684



9590 9402 1344 5285 9092 97

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Keith Berry

Agent

Addressee

B. Received by (Printed Name)

Keith Berry

C. Date of Delivery

4-16-16

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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™

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:

Randall Combs
1207 Fairlane Dr
Honaker, VA 24260



9590 9402 1344 5285 9082 69

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5826

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Randall Combs*

B. Received by (Printed Name) Date of Delivery

RANDALL COMBS Yes No

HONAKER, VA 24260
APR 14 2016

3. Service Type Priority Mail Express® Registered Mail™

- Adult Signature Registered Mail Restricted Delivery
- Adult Signature Restricted Delivery Return Receipt for Merchandise
- Certified Mail® Signature Confirmation™
- Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
- Collect on Delivery Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

restricted Delivery

Domestic Return Receipt

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:

Elizabeth A Cox Trust
C/O Elizabeth A Cox, Trustee
146 Fern St
Hartford, CT 06105



9590 9402 1344 5285 9079 65

2. Article Number (Transfer from service label)

7009 2250 0001 7693 7480

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Elizabeth A Cox*

B. Received by (Printed Name) Date of Delivery

ELIZABETH A COX Yes No

HARTFORD, CT 06105

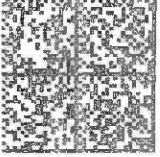
3. Service Type Priority Mail Express® Registered Mail™

- Adult Signature Registered Mail Restricted Delivery
- Adult Signature Restricted Delivery Return Receipt for Merchandise
- Certified Mail® Signature Confirmation™
- Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
- Collect on Delivery Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Mail Restricted Delivery

Domestic Return Receipt

UNITED STATES POSTAL SERVICE
02 1P
0000841429
MAILED FROM :



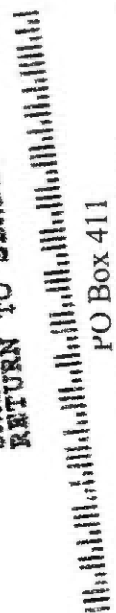
7009 2250 0001 7693 7220

04/15/16

242282036-1N

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO SENDER
RETURN

NIXIE



PO Box 411
Clintwood, VA 24228

RECEIVED
APR 18 2016
BY: _____

Wilhoit & Kaiser
Attorneys at Law
100 Broad Street, Suite 301
Kingsport, TN 37660

7009 2250 0001 7693 7220

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
Here

Ruth Rakes
PO Box 411
Clintwood, VA 24228

Sent To
Street,
or PO E
City, St.

SECTION ON DELIVERY

Agent
 Addressee

Printed Name) C. Date of Delivery

Address different from item 1? Yes
Delivery address below: No

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise



7009 2250 0001 7693 7145



Handwritten notes: RL #, Carr. Int., Date

- Not Deliverable As Addressed
- Unable To Forward
- Attempted - Not Known
- Moved, Left No Address
- Unclaimed
- Deceased
- No Such Street
- No Mail Recipient
- Insufficient Address
- Vacant
- Postage Due
- Box Inactive

Robert M Pilkenton and
Angela Pilkenton
710 8th Street
Eagle Lake, FL 33839

04/13/16
338393146-1N
NIXIE
RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

RECEIVED
APR 18 2016
BY: _____

Wilhoit & Kaiser
Attorneys at Law
10 Broad Street, Suite 301
Kingsport, TN 37660

SEND

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total _____

Postmark Here _____

Robert M Pilkenton and
Angela Pilkenton
710 8th Street
Eagle Lake, FL 33839

2. Article

7009 2250 0001 7693 7145

95

SENT BY: _____
STREET OR PO BOX: _____
CITY: _____

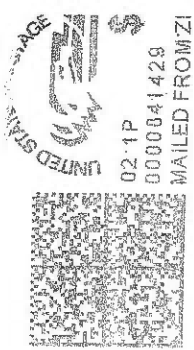
ON DELIVERY

Agent
 Addressee

Name: _____ C. Date of Delivery: _____

rent from item 1? Yes
address below: No

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



RECEIVED
APR 23 2016

BY:

ANK



7009 2820 0002 7705 6243

Richard Quesenberry
152 Willow Circle
Pasco, WA 99301

NIXIE 993012027-1N 04/18/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



SEND

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

1. Article

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Post

Sent To

Street, Apt. or PO Box

City, State, Zip

2. Article

95 7009 2820 0002 7705 6243

ON DELIVERY

Agent
 Addressee

Name) C. Date of Delivery

Content from item 1? Yes
Address below: No

Postmark Here

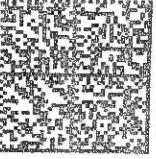
20179

Richard Quesenberry
152 Willow Circle
Pasco, WA 99301

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

Willhoit &
Attorney
100 Broad Street, Suite 301
Kingsport, TN 37660

UNITED STATES POSTAL SERVICE
02 1P
0000841429
MAILED FROM 2

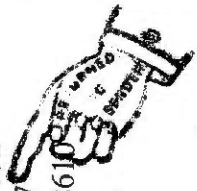
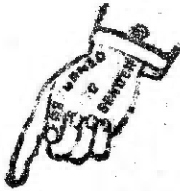


7009 2250 0



Will
Atto
20 Broad S
Kingspor

Frances Jean &
Dexter McPherson
PO Box 557
Carson, WA 98610



THK

RECEIVED
APR 18 2016

NIXIE

986103006-1N

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
RETURN TO FORWARD
RETURN TO SENDER

04/14/16



SENDER:

- Complete
- Print your so that w
- Attach this or on the

1. Article Add

7237
7693
0001
2250
9590 9

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

Frances Jean &
Dexter McPherson
PO Box 557
Carson, WA 98610

Sent To
Street, Apt. 1
or PO Box N

DELIVERY

- Agent
- Addressee

C. Date of Delivery

Item 1? Yes
below: No

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for

Wilhoit & Kaiser
 Attorneys at Law
 0 Broad Street, Suite 301
 Kingsport, TN 37660

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

1. Article Addressed to or on the front of so that we can return it to the sender. Attach this card to the front of the article.

James & Mary Sue Sutherland
 Rt 2 Box 5
 Haysi, VA 24256

2. Article Number (If any)

95990 9402

7009 2250 0001 7693 7398

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here

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

Date of Delivery Yes No

OFFICIAL USE

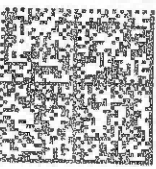
See Reverse for Instructions

Domestic Return Receipt



7009 2250 0001 7693 7398

UNITED STATES POSTAGE
 02 1P
 0000841429
 MAILED FROM Z



RETURN TO SENDER

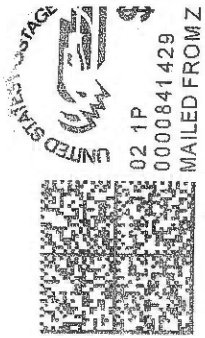
MOVED, LEFT NO ADDRESS
 ATTEMPTED - NOT KNOWN
 UNCLAIMED - NOT KNOWN
 NO SUCH STREET
 NO SUCH NUMBER
 INSUFFICIENT ADDRESS
 NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD

UNITED STATES POSTAL SERVICE

Return to
 NOT AT THIS ADDRESS

RECEIVED
 APR 18 2016

BY:



7009 2820 0002 7705 5062

TRK
4-11

RECEIVED
APR 13 2016
BY

Sue Rose
2000 Hidden Springs Dr
NIXIE 405142010-1N 04/14/16

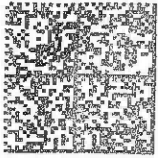
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



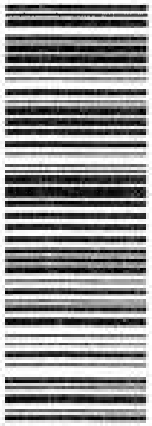
Will
Attc
3roo
ingsport, TN 37660

SENDER		U.S. Postal Service		DELIVERY	
<input type="checkbox"/> Complete <input type="checkbox"/> Print your name <input type="checkbox"/> Attach or on		CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
For delivery information visit our website at www.usps.com		OFFICIAL USE		C. Date of Delivery	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage		Postmark Here 2017 9		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sent To Street, Apt. # or PO Box No. City, State, Z		Sue Rose 3888 Hidden Springs Dr Lexington, KY 40514		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™	

UNITED STATES POSTAGE
 02 1P
 0000841429
 MAILED FROM ZIP



RECEIVED
 APR 19 2016
 BY:



7009 2820 0002 7705 5307

Earl & Marilyn Sharon
 PO Box 684
 Connor, MT 59827

04/15/16

NIXIE 598272066-1N

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 RETURN TO SENDER



Wilhoit & Kaiser
 Attorneys at Law
 1000 Broad Street, Suite 301
 Memphis, TN 37660

7009 2820 0002 7705 5307

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	20179
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		Postmark Here

Sent to
 Street, Apt. #
 or PO Box #
 City, State, Z

Earl & Marilyn Sharon
 PO Box 684
 Connor, MT 59827

SECTION ON DELIVERY

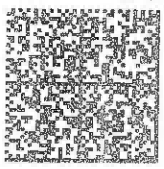
Agent
 Address

Printed Name) C. Date of

Address different from item 1's
 delivery address below:

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

UNITED STATES POSTAGE
02 1P
0000841429
MAILED FROM Z



7009 2820 0002 7705 5673

RETURN TO SENDER
MOVED, LEFT NO ADDRESS
 NOT DELIVERABLE AS ADDRESSED
 VACANT
 UNCLAIMED - NOT KNOWN
 NO SUCH STREET
 INSUFFICIENT ADDRESS
 NO MAIL RECEIPT NUMBER
 FORWARDING ORDER EXPIRED

1A (S)

RECEIVED
APR 15 2016

BY:

Dennis Stanley
Rd3 Box OA43
Felton, DE 19943

Wilhoit & F
Attorneys a
20 Broad Street, Suite 201
Kingsport, TN 37660

SENDER: Complete

- Print your so that w
- Attach thi or on the

1. Article Adc



2. Article N

7009 2820 0002 7705 5673

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	\$

20179

Postmark Here

Sent To
Street, Apt or PO Box
City, State, PS Form

Dennis Stanley
Rd3 Box OA43
Felton, DE 19943

DELIVERY

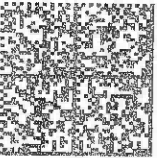
- Agent
- Addressee

C. Date of Delivery

Item 1? Yes
below: No

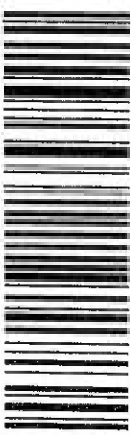
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

UNITED STATES POSTAGE
02 1P
0000841429
MAILED FROM ZI



JTF
RT.9
KW
4-16

Clifton & Margaret Younce
12121 SE US Highway 441
Bellevue, FL 34420



7009 2250 0001 7693 7381

RECEIVED
APR 22 2016

BY: _____

04/19/16

344201497-1N

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO SENDER
RETURN TO SENDER

NIXIE

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:

Clifton & Margaret Younce
12121 SE US Highway 441
Bellevue, FL 34420

Postal Service for two years

7 be combined with First-Class Mail® or Priority Mail®. For available for any class of international mail. Certified Mail. For PE COVERAGE IS PROVIDED with. Please consider insured or Registered Mail. To obtain a Return Receipt, please complete and attach a Return Receipt (PS Form 3811) to the article and address. To receive a fee waiver for additional fee, a Return Receipt Requested. To receive a fee waiver for duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required. For an additional fee, delivery may be restricted to the addressee of addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery". If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.
PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

Wilhoit & Kaiser
Attorneys at Law
Broad Street, Suite 301
Nashville, TN 37260

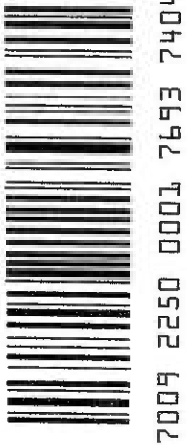


9500 9402 1244 5285 0004 32

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery



7009 2250 0001 7693 7404

Peggy Craft
11408 Orchard Lane
Reston, VA 20190

RECEIVED
APR 22 2016

BY:

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04/16/16

201902215-1N

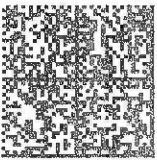
RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

NIXIE

Wilhoit & Kaiser
Attorneys at Law
20 Broad Street, Suite 301
Kingsport, TN 37660

SEND		U.S. Postal Service		IN ON DELIVERY	
CERTIFIED MAIL - RECEIPT		CERTIFIED MAIL - RECEIPT			
<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>		<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>			
For delivery information, visit our website at www.usps.com		For delivery information, visit our website at www.usps.com			
OFFICIAL USE		OFFICIAL USE			
1. Article	Postage \$	Postmark Here		Name (Last, First, Middle Initial) C. Date of Delivery	
	Certified Fee			Return Receipt from item 1? <input type="checkbox"/> Yes Address below: <input type="checkbox"/> No	
	Return Receipt Fee (Endorsement Required)			<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	Restricted Delivery Fee (Endorsement Required)			<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise	
	Tot.				
	Sent				
	Street or PO				

UNITED STATES POSTAGE
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7009 2250 0001 7693 7053

Maria West and Kermit West
 P.O. Box 154
 Buffalo, IN 47925

NIXIE 479252046-1N 04/14/16
 RETURN TO SENDER
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 UNABLE TO FORWARD
 RETURN TO SENDER

RECEIVED
 APR 18 2016
 BY: _____



Wilhoit & K...
 Attorneys at Law
 301 ...
 Buffalo, TN 37660

SENDER
 ■ Complete
 ■ Print your name so that we can contact you if necessary
 ■ Attach or on
 1. Article
 7009 2250 0001 7693 7053

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

To: Maria West and Kermit West
 P.O. Box 154
 Buffalo, IN 47925

Sent
 by
 Site or P
 City

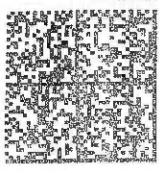
BY DELIVERY

Agent
 Addressee
 e) C. Date of Delivery

Is this item from item 1? Yes
 Is this item from item 2? No

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

UNITED STATES POSTAGE
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 MAILED FROM ZIP



4-14

RECEIVED
 APR 19 2016
 BY:.....

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 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 OTHER

7009 2820 0002 7705 5680

Wilhoit & Kaiser
 Attorneys at Law
 301 Broad Street, Suite 301
 Memphis, TN 37660

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<input type="checkbox"/> Pr		<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>		<input type="checkbox"/> Addressee	
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<input type="checkbox"/> or		OFFICIAL USE		Different from item 1? <input type="checkbox"/> Yes	
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7009 2820 0002 7705 5680		Certified Fee		Postmark Here	
		Return Receipt Fee (Endorsement Required)			
		Restricted Delivery Fee (Endorsement Required)			
		Total Paid			
		Sent To		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™	
		Street, Apt. or PO Box		Delivery	
		City, State		Delivery	
		Gregory Stanley PO Box 384 Clinchco, VA 24266		and Delivery	



RETURN TO SENDER
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 UNABLE TO FORWARD
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04/13/16
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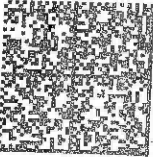
RECEIVED
 APR 19 2016
 BY:

Wilhoit & Kaiser
 Attorneys at Law
 Broad Street, Suite 301
 Kingsport, TN 37660

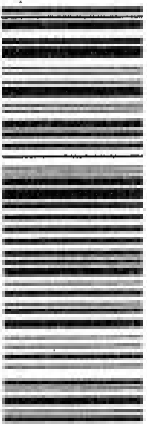
UFD

SEND ■ Cor ■ Pri so t ■ Att or C 1 A 7009 2250 0001 7693 6735		U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only - No Insurance Coverage Provided)</i> For delivery information visit our website at www.usps.com		ON DELIVERY <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
OFFICIAL USE		(name) C. Date of Delivery		sent from item 1? <input type="checkbox"/> Yes address below: <input type="checkbox"/> No	
Postage	\$	Postmark Here			
Certified Fee					
Return Receipt Fee (Endorsement Required)					
Restricted Delivery Fee (Endorsement Required)					
Total					
Sent To Street, or PO		Eldon Beauchamp and Brige Beauchamp 8715 East 850 St Monterey, IN 46960		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise	

UNITED STATES POSTAGE
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 0000841429
 MAILED FROM ZIP



RECEIVED
 APR 25 2016



7009 2820 0002 7705 5284

Connie & Doug Allred
 6709 NE 109th Ave
 Vancouver, WA 98662

Not An Address
 THIS IS

04/20/16

986622032-1N

NIXIE

RETURN TO SENDER
 UNABLE TO FORWARD
 RETURN TO SENDER



Wilhoit & Kaiser
 Attorneys at Law
 Broad Street, Suite 301
 Kingsport, TN 37660

SEN

1. At 7009 2820 0002 7705 5284

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$	
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Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

20179

Postmark Here

RETURN ON DELIVERY

Agent
 Addressee

Name) C. Date of Delivery

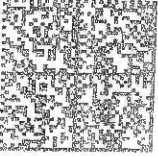
different from item 1? Yes
 address below: No

Sent To
 Street, Apt. N
 or PO Box No
 City, State, Zi

Connie & Doug Allred
 6709 NE 109th Ave
 Vancouver, WA 98662

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

UNITED STATES POSTAGE
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MAILED FROM Z



~~RTS
NIXIE
333053609-1N~~

RECEIVED
APR 25 2016

BY:



7009 2250 0001 7693 7527

- UNDELIVERABLE AS ADDRESSED
- ATTEMPTED NOT KNOWN
- INSUFFICIENT ADDRESSED
- NO MAIL RECEIPTABLE
- TEMPORARILY AWAY
- NO SUCH NUMBER
- NO SUCH STREET
- REFUSED
- BOX CLOSED
- IN DISPUTE
- ILLEGIBLE
- VACANT

RTS

RETURN TO SENDER

~~Dennis Associates Inc
432 NE 23rd Street
Wilton Manors, FL 33305~~

04/20/16

333053609-1N

NIXIE

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



Wilhoit & Kaiser
Attorneys at Law
Broad Street, Suite 301
Nashville, TN 37660

COMPLETED

Complete items 1, 2, and 3

- 1. Fill in your name and address so that we can return it to you.
- 2. Attach this card to the back of the envelope or on the front if space permits.

1. Article Addressed to
Dennis
432 N
Wilton M

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

Dennis Associates Inc
432 NE 23rd Street
Wilton Manors, FL 33305



9590 9402 134

Sent to
Street, Apt.
or PO Box

Agent
 Addressee
Date of Delivery

Yes
 No

Mail Express®
Registered Mail™
Registered Mail Restricted
Receipt for



7009 2250 0001 7693 7350

UNITED STATES POSTAGE
02 1P
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MAILED FROM ZII

RECEIVED
APR 25 2016

BY: _____

Not this 9/1/16



04/21/16

376603005-1N

NIXIE

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO SENDER



9/1/16

Hilhoit & Kaiser
Attorneys at Law
1000 Broad Street, Suite 301
Livingston, TN 37660

SENDER:
■ Complete
■ Print you
so that w
■ Attach th
or on the
1. Article Ad

7009 2250 0001 7693 7350

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

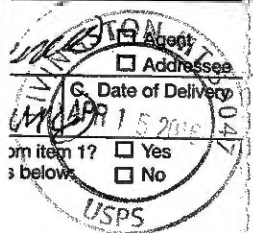
Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pr	

Postmark
Here

Alice V Hunt
325 S Main St 307
Livingston, MT 59047

Sent To
Street, Apt
or PO Box

DELIVERY



Is this item? Yes
Is below? No

Priority Mail Express®
 Registered Mail™
 Registered Mail Restrict
Delivery

UNITED STATES POSTAGE
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 MAILED FROM ZIP

RECEIVED
 APR 25 2016

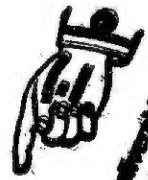
BY: _____



7009 2250 0001 7693 6902

DOES MAIL WITH THIS NAME
 IF SO, PLEASE NOTIFY A
 WINDOW CLERK.
 RECEIVED MAIL IN THIS BOX?

Joann Pilkenton
 P.O. Box 416
 Hamilt



- Unavailable at Addressed
- Moved, Left No Address
- Unclaimed
- Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- No Receipts
- Deceased
- Vacant

NOTICE 4/14
 NOTICE 4/19
 TURNED 4/29

NIXIE 338511401-1N 04/20/16
 RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD
 RETURN TO SENDER



Wilhoit & Kaiser
 Attorneys at Law
 301 Broad Street, Suite 301
 Memphis, TN 37660

SENDER

- Complete
- Print so that recipient can see
- Attach or on envelope

1. Article: _____

7009 2250 0001 7693 6902

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage and Fees	\$

Postmark Here

Joann Pilkenton
 P.O. Box 416
 Lake Hamilton, FL 33851

ON DELIVERY

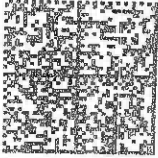
- Agent
- Addressee

Date of Delivery

Print from item 1? Yes
 Address below: No

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

UNITED STATES POSTAL SERVICE
02 1P
0000841429
MAILED FROM 2



RECEIVED
APR 11 2016

BY:



7009 2250 0001 7693 6759

Elsie Sturgill
Lloyd C Sturgill
5722 North Fork Rd
Pound, VA 24279

W

- Not used for return to sender
- Check for return to sender
- Incorrect Address
- Moved, Last No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Person Number
- Vacant No Mail
- No Mail Recd. at this address
- Order

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent 1
Street or PO
City, S

Elsie Sturgill and
Lloyd C Sturgill
5722 North Fork Rd
Pound, VA 24279

SECTION ON DELIVERY

Agent
 Addressee

Delivered Name) C. Date of Delivery

Is different from item 1? Yes
Very address below: No

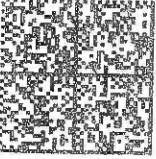
Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation

Wilhoit & Kaiser
Attorneys at Law
Broad Street, Suite 301
Kingsport, TN 37660



7009 2820 0002 7705 5444

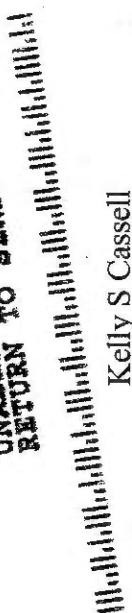
UNITED STATES POSTAGE
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MAILED FROM Z



04/16/16

376642036-1N

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO SENDER
RETURN TO SENDER



Kelly S Cassell
708 Oakale Rd
Kingsport, TN 37664

RECEIVED
APR 19 2016
BY:

NIXIE

Wilhoit & Kaiser
Attorneys at Law
100 Broad Street, Suite 301
Kingsport, TN 37660

SENDER

- Complete
- Print your name so that we can contact you if needed
- Attach return receipt or on this receipt

1. Article A

7009 2820 0002 7705 5444

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Postmark Here: 20179

Sent To: Kelly S Cassell
708 Oakale Rd
Kingsport, TN 37664

2. Article B

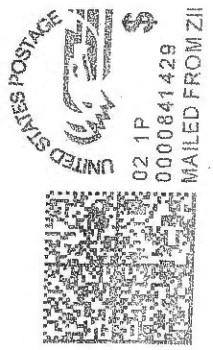
NO DELIVERY

- Agent
- Addressee

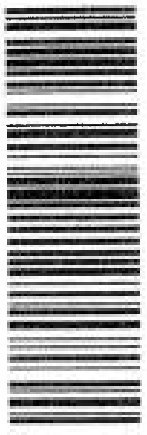
C. Date of Delivery

from item 1? Yes
from item 2? No

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



Mark



7009 2820 0002 7705 5567

RECEIVED
APR 19 2016

Sara Benitex Stanley
3827 Alpert Dr
Orlando, FL 32810

NIXIE 328101407-1N 04/16/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



Wilhoit & Kaiser
Attorneys at Law
Broad Street, Suite 301
Nashville, TN 37660

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SENDER

- Complete this form so that we can deliver your mail.
- Print your name and address on the front of the envelope.
- Attach this form to the front of the envelope.

1 Article 7009 2820 0002 7705 5567

Postage \$ 20.179

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Sent To
Street, Apt. # or PO Box #
City, State, Z

Sara Benitex Stanley
3827 Alpert Dr
Orlando, FL 32810

IN DELIVERY

Agent
 Addressee

C. Date of Delivery

from item 1? Yes
loss below; No

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



11AAS
Ref

Delbert Rose and Edna Rose
P.O. Box 198
Garrett, KY 41630

A INSUFFICIENT ADDRESS
S ATTEMPTED NOT KNOWN
NO SUCH NUMBER/STREET
UNABLE TO FORWARD AS ADDRESSED
 OTHER

RIS
RETURN TO SENDER

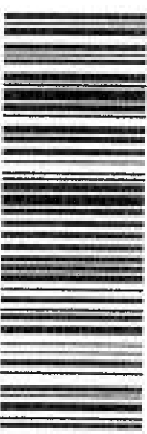
RECEIVED
APR 21 2016
BY:



Wilhoit & Kaiser
Attorneys at Law
100 Broad Street, Suite 301
Kingsport, TN 37660

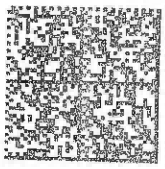
SENDER		U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>		DELIVERY	
<input type="checkbox"/> Complete <input type="checkbox"/> Print your name so that we can return the item to you <input type="checkbox"/> Attach this receipt to the item or on the back of the envelope		For delivery information visit our website at www.usps.com		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		OFFICIAL USE		C. Date of Delivery	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here		Item 1? <input type="checkbox"/> Yes Is below: <input type="checkbox"/> No	
To: Delbert Rose and Edna Rose P.O. Box 198 Garrett, KY 41630				<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise	

Wilhoit & Kaiser
 Attorneys at Law
 100 Broad Street, Suite 301
 Kingsport, TN 37660



7009 2820 0002 7705 5260

UNITED STATES POSTAGE
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DEC

04/15/16

242282036-1N

NIXIE

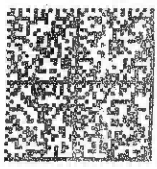
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 APR 18 2016
 BY: _____

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only, No Insurance Coverage Provided)</i>		OPTION ON DELIVERY	
For delivery information, visit our website at www.usps.com		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
OFFICIAL USE		(Full Name)	C. Date of Delivery
1.	Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage _____	20179 Postmark Here	Different from item 1? <input type="checkbox"/> Yes Primary address below: <input type="checkbox"/> No
2. A	Sent To Street, Apt. # or PO Box # City, State, Z	Christene Harrison 9540 The Lake Rd Clintwood, VA 24228	
		Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery Delivery <input type="checkbox"/> Return Receipt for Merchandise Certified Delivery <input type="checkbox"/> Signature Confirmation™	

UNITED STATES POSTAGE
02 1P
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MAILED FROM ZI



7009 2250 0001 7693 7084

Nina Mannen
17777 N.W. 173rd Ave
Beaverton, OR 97006

NSN

RECEIVED
APR 19 2016
BY:.....

04/16/16

970062065-1N

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD
RETURN TO SENDER



Willhoit & Kaiser
Attorneys at Law
Broad Street, Suite 301
Nashville, TN 37660

SENDER: COMPLETE

- Complete items
- Print your name so that we can re
- Attach this card to the front if

1. Article Addressed to

17777 N
Beave



9590 9402 15

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(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Fee	

Postmark Here

Nina Mannen
17777 N.W. 173rd Ave
Beaverton, OR 97006

Sent To
Street, Apt or POB
City, Sta...

FF

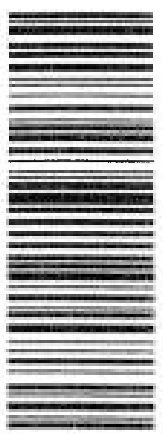
Agent
 Addressee
Date of Delivery

Yes
 No

Priority Mail Express®
Certified Mail™
Registered Mail Restricted
Receipt for
Signature Confirmation™
Insurance Confirmation



RECEIVED
APR 28 2016
BY:



7009 2820 0002 7705 5741

OTF

Monthalee Hopson
2625 W
242832063-1N
NIXIE
04/25/16

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER



let's
sumo

Wilhoit & Kaiser
Attorneys at Law
20 Broad Street, Suite 301
Kingsport, TN 37660

7009 2820 0002 7705 5741

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To
Street, Apt. No.
or PO Box No.
City, State, Zip

Monthalee Hopson
2635 Warren Dr
St Paul, VA 24283

20179
Postmark
Here

ACTION ON DELIVERY

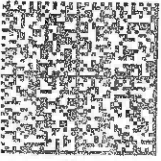
Agent
 Addressee

Recipient Name) C. Date of Delivery

Is different from item 1? Yes
Delivery address below: No

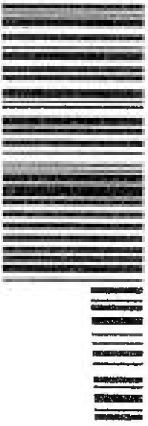
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™

UNITED STATES POSTAGE
02 1P
0000841429
MAILED FROM Z



RECEIVED
APR 28 2016

BY:



7009 2820 0002 7705 5246

UNDELIVERABLE since
 WITHOUT ZIP
 AS ADDRESSED UNABLE
 NO MAIL RECEPTACLE BOX CLG.
 NO FORWARDING ORDER ON FILE

DECEASED

NIXIE 000002063-1N 04/25/16
RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER



Willhoit &
Attorney
Broad Str
Kingsport, TN 37660

7009 2820 0002 7705 5246

U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To
Street, Apt. No. or PO Box No.
City, State, Zip

Burnard & Dorothy Younce
637 Tivis Ridge
Haysi, VA 24256

Postmark Here
20179

OPTION ON DELIVERY

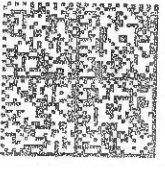
Agent
 Addressee

(Name) C. Date of Delivery

different from item 1? Yes
ry address below: No

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

UNITED STATES POSTAGE
 02 1P
 000841429
 MAILED FROM Z



RECEIVED
 APR 28 2016
 BY: -----



7009 2820 0002 7705 5512

UNDELIVERABLE
 WITHOUT ZIP
 AS ADDRESSED
 NO MAIL RECEIPT
 NO FORWARDING ORDER ON FILE
 UNABLE TO FORWARD
 BOX CLOSED
 ATTEMPTED NOT KNOWN

NIXIE 000002053-1N 04/25/16
 RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 RETURN TO SENDER



Wilhoit &
 Attorneys
 Broad St
 Kingsport, TN 37660

U.S. Postal Service
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 (Domestic Mail Only, No Insurance Coverage Provided)

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OFFICIAL USE

20179

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Postmark Here

Richard & Roma Edwards
 Rt 1 Box 293
 Haysi, VA 24256

2. Article Number (Trace)

9590 9402 13

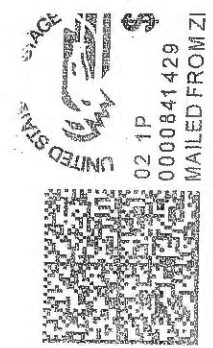
7009 2820 0002 7705 5512

SENDER: COMPLETE

- Complete items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

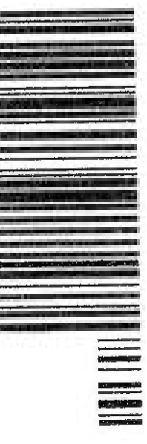
Agent
 Addressee
 Date of Delivery
 Yes
 No

Mail Express®
 Certified Mail™
 Certified Mail Restricted
 Signature Confirmation™
 Return Receipt for Merchandise
 Signature Confirmation™



RECEIVED
APR 28 2016
BY:

4-12
4-27



7009 2820 0002 7705 5697

Dwayne Stanley
PO Box 289

04/25/16

242562063-1N

RETURN TO SENDER
VACANT
UNABLE TO FORWARD
RETURN TO SENDER



VACANT

Wilhoit &
Attorneys
Broad Street, Suite 301
Kingsport, TN 37660

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 2820 0002 7705 5697

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
Dwayne Stanley
PO Box 289
Haysi, VA 24256

20179

Postmark Here

OPTION ON DELIVERY

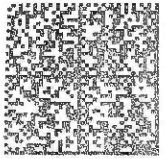
Agent
 Addressee

Signature of Addressee (Name) _____ C. Date of Delivery _____

Is the delivery address different from item 1? Yes
If different, address below: No

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

UNITED STATES POSTAGE
 02 1P
 000841429 A
 MAILED FROM ZIP



RECEIVED
 APR 28 2016
 BY:

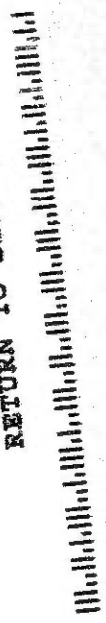
04/25/16



7009 2620 0002 7705 6250

UNDELIVERABLE
 WITHOUT ZIP UNABLE TO FORWARD
 AS ADDRESSED BOX CLOSED
 NO MAIL RECEPTACLE NO SUCH #
 NO FORWARDING ORDER ON FILE

000002063-1N
 NIXIE
 RETURN TO SENDER
 NO SUCH NUMBER
 UNABLE TO FORWARD
 RETURN TO SENDER



Wilhoit & Attorneys
 Broad Street, Suite 501
 Kingsport, TN 37660

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

SENT TO: **7009 2620 0002 7705 6250**

Postage \$ **20179**

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Sent To: **RC & Betty Younce**
 Rt 1 Box 507
 Haysi, VA 24256

Delivered ON DELIVERY

Agent
 Addressee

Name) C. Date of Delivery

different from item 1? Yes
 address below: No

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

UNITED STATES POSTAGE
02 1P
000841429
MAILED FROM ZI

RECEIVED
APR 29 2016

BY:

UTIF / Box closed / NO FWD.
RTS



7009 2250 0001 7693 7251

Fred Stanley 247
Ship Bottom, NJ



RETURN TO SENDER

- UNDELIVERABLE AS ADDRESSED
- ATTEMPTED NOT KNOWN
- INSUFFICIENT ADDRESS
- NO MAIL RECEIPT/AGLE
- TEMPORARILY AWAY
- NO SUCH NUMBER
- NO SUCH STREET
- IN DISPUTE
- BOX CLOSED
- MLNA - UNABLE TO FORWARD
- REFUSED
- VACANT
- ILLEGIBLE
- UNCLAIMED

Vertical text on the left side of the envelope.

Wilhoit, Attorney
20 Broad Street, Suite 501
Kingsport, TN 37660

SENDER: COMPLETE THIS

- Complete items 1, 2, and 3
- Print your name and address so that we can return the card to you
- Attach this card to the back of the envelope or on the front if space permits

1. Article Addressed to:

Fred Stanley
PO Box 247
Ship Bottom, NJ



9590 9402 1344 5

7009 2250 0001 7693 7251

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only. Nonprofit Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Fred Stanley
PO Box 247
Ship Bottom, NJ 08008

it ressee delivery

press®
TM Restricted
for

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:

Rita Joyce Nickel
2310 SE 370th Ave
Washougal, WA 98671



9590 9402 1344 5285 9081 53

2. Article Number (Transfer from service label)

7009 2820 0002 7705 6236

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Richard E. Nickel* Agent Addressee

B. Received by (Printed Name)
RICHARDE NICKEL

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Mail Restricted Delivery (1)

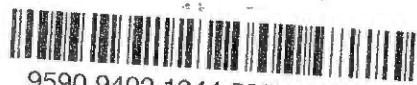
Domestic Return Receipt

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:

1458 Roy Gardner
1456 Juniper Dr
Coosbay, OR 97420



9590 9402 1344 5285 9092 35

2. Article Number (Transfer from service label)

7009 2250 0001 7693 7183

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Roy Gardner* Agent Addressee

B. Received by (Printed Name)
ROY GARDNER

C. Date of Delivery
4-13-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

1458 Juniper Dr

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Mail Restricted Delivery (1)

Domestic Return Receipt

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:

Michael & Gail Kinnick
3047 Dorchester St East
Furlong, PA 18925



9590 9402 1344 5285 9090 99

2. Article Number (Transfer from service label)

7009 2820 0002 7705 6236

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Paul E. Kinnick* 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

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Mail Restricted Delivery (1)

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:

Betty Sykes
14442 SE 30th Terrace
Summerfield, FL 34491



9590 9402 1344 5285 9087 64

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5116

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Betty Sykes Agent Addressee

B. Received by (Printed Name) *BETTY SYKES* C. Date of Delivery *2/11/16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery (0)	

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

Domestic Return Receipt

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:

John Douglas Bolling
110 Darwin Ln
Oak Ridge, TN 37830



9590 9402 1344 5285 9094 71

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6926

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Kebeu Bolling Agent Addressee

B. Received by (Printed Name) *Kebeu Bolling* C. Date of Delivery *APR 15 2016*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Restricted Delivery	

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

Domestic Return Receipt

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:

ACIN LLC
Chad Mooney
5260 Irwin Road
Huntington, WV 25705-3247



9590 9403 0754 5196 3400 47

2. Article Number (Transfer from service label)

7008 7750 0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 M Townsend Agent Addressee

B. Received by (Printed Name) *Michelle J.* C. Date of Delivery *11-18*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	

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:

Grayson Eugene &
Barbara Sutherland
PO Box 817
Grundy, VA 24614



9590 9402 1344 5285 9086 58

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5369

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* 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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery (0) | |

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:

Imogene & James Williams
241 N US Highway 1
Ormond Beach, FL 32174



9590 9402 1344 5285 9089 31

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5390

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* 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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery (0) | |

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:

WBRD LLC
Chad Mooney
5260 Irwin Road
Huntington, WV 25705-3247



9590 9403 0754 5196 3400 30

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6513

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* 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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500) | |

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:
 Lois Dean Bolling
 P.O. Box 1396
 Dauphin Island, AL 36528



9590 9402 1344 5285 9095 70

2. Article Number (Transfer from service label)
 7009 2250 0001 7693 7022

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *J Hall* Agent Addressee

B. Received by (Printed Name) *T. HALL* C. Date of Delivery *4-14-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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:
 Christopher M Bowman
 PO Box 803
 Chaptico, MD 20621



9590 9402 1344 5285 9085 66

2. Article Number (Transfer from service label)
 7009 2820 0002 7705 5277

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Chris Bowman* Agent Addressee

B. Received by (Printed Name) *CHRIS BOWMAN* C. Date of Delivery *4-14-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

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:
 Leon Earl & Frances Jean Younce
 And Warren Leon Co Guardian
 PO Box 367
 Clinchco, VA 24226



9590 9402 1344 5285 9090 37

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Leon Younce* Agent Addressee

B. Received by (Printed Name) *LEON* C. Date of Delivery *4-15-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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:

Stuart Henry Sutherland
1780 Commerce St
Norco, CA 92860



2. Article Number (Transfer from service label)
7009 2250 0001 7693 7459

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

(over \$500) Restricted Delivery

Domestic Return Receipt

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:

Mark B French
4112 Paddington Lane
Colleyville, TX 76034



2. Article Number (Transfer from service label)
7009 2820 0002 7705 6038

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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:

Robert Gardner and
Patricia Gardner
P.O. Box 1337
Brooking, OR 97415



COMPLETE THIS SECTION ON DELIVERY

A. Signature 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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery

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:

Harold Gardner nad
 Ilene Gardner
 421 A Street
 Myrtle Point, OR 97458



9590 9402 1344 5285 9099 38

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6834

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed

X *Ilene Gardner*

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

ILENE GARDNER *4/14/16*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Wilton Vardarnadore and
 Carolyn Vardarnadore
 P.O. Box 701
 Eagle Lake, FL 33839



9590 9402 1344 5285 9088 56

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5208

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed

X *Wilton Vardarnadore*

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

WILTON VARDARNADORE *4/15/16*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Carl Kiser
 59704 Fairview Rd
 Copuille, OR 97423



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressed

X *Carl Kiser*

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

Carl Kiser *4-14-16*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

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:

Kerry W Hurst
16 Eagle Point Rd
Hampton, VA 23669



9590 9402 1344 5285 9093 27

2. Article Number (Transfer from service label)

7009 2250 0001 7693 7275

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Kerry W Hurst*

B. Received by (Printed Name)
KERRY W HURST

C. Date of Delivery
4/12/16

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

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:

Julia M Mehlon
6104 Double Tree Ct
Baton Rouge, LA 70817



9590 9402 1344 5285 9095 18

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6964

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Julie B Mehlon*

B. Received by (Printed Name)
Julie B Mehlon

C. Date of Delivery
4-15-16

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

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:

The Emily Baker GST U/W of Emily
Baker C/O William G Baker, Jr &
Larry J White Co Trustees
21410 SE Highway 224
Damascus, OR 97089



9590 9402 1344 5285 9079 72

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

Mary K Kuhles Baker

B. Received by (Printed Name)
MARY K Kuhles Baker

C. Date of Delivery
4/15

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

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:

Darris Carroll Rasnick
15931 Flanders
Southgate, MI 48195



9590 9402 1344 5285 9097 61

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6667

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
J. Rasnick

B. Received by (Printed Name)

C. Date of Delivery
4-14-08

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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:

Larry Beaumont Stanley
3301 Stars Cove Lane
Knoxville, TN 37931



9590 9402 1344 5285 9084 29

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5987

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Carolyn D. Gordon

B. Received by (Printed Name)
Carolyn D. Gordon

C. Date of Delivery
4/11/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Roger Stanley
233 Paynes Ln
Clintwood, VA 24228



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Roger Stanley

B. Received by (Printed Name)

C. Date of Delivery
4/12/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise

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:

Barbara Brogdon
382 Marlow Cir
Clinton TN, TN 37716



9590 9402 1344 5285 9096 93

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6599

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Barbara Brogdon Agent
 Addressed

B. Received by (Printed Name)

Barbara Brogdon

C. Date of Delivery

4-12-16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- J Mail
- J Mail Restricted Delivery (500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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:

Claude H & Barbara L Rose
1261 Gainsville Rd
Honaker, VA 24260



9590 9402 1344 5285 9083 82

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5949

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Claude H. Rose Agent
 Addressed

B. Received by (Printed Name)

Claude H. Rose

C. Date of Delivery

4-12-16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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:

Evelyn Cole
709 Main St
PO Box 305
Clintwood, VA 24228



9590 9402 1344 5285 9086 10

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Evelyn Cole Agent
 Addressed

B. Received by (Printed Name)

Evelyn Cole

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise

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:
 Michael Lee Martin
 66 Kents Ridge Rd
 Honaker, VA 24260



9590 9402 1344 5285 9083 20

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5888

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Addressee
 Agent

B. Received by (Printed Name)
 Alice Martin

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 H Clayton Davis
 505 Memorial Blvd
 Narrows, VA 24124



9590 9402 1344 5285 9089 17

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5376

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Addressee
 Agent

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 Roger Pilkenton and
 Carol J Pilkenton
 159 Lake Ring Dr
 Winter Haven, FL 33884



9590 9402 1344 5285 9092 04

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Addressee
 Agent

B. Received by (Printed Name)

C. Date of Delivery
 4/11/16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation

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:

Vernoy Bolling
P.O. Box 1013
Wise, VA 24293



9590 9402 1344 5285 9087 57

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5109

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Vernoy W Bolling

B. Received by (Printed Name) *VERNOY W BOLLING* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt

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:

Emma & Jim Oquinn
PO Box D
Haysi, VA 24256



9590 9402 1344 5285 9086 03

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5314

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Jim Oquinn

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



3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt

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:

Thomas Gregory Whittaker
P.O. Box 596
Pound, VA 24279



9590 9402 1344 5285 9087 33

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5086

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
T. G. Whittaker

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail	

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:
 Amos Maggard
 P.O. Box 403
 Pound, VA 24279



9590 9403 0754 5196 3400 78

Article Number (Transfer from service label)
 7009 2250 0001 7693 6544

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Amos Maggard

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

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

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:
 Phyllis J Breeding
 1062 Windmill Rd
 Honaker, VA 24260



9590 9402 1344 5285 9080 30

2. Article Number (Transfer from service label)
 7009 2820 0002 7705 5772

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Phyllis Breeding

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

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

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:
 Leonard E & Eileen M Branham
 317 Swords Creek
 Honaker, VA 24260



9590 9400 1344 5285 9080 44

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Eileen Branham

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

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise

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.

Bruce Sutherland
PO Box 294
Haysi, VA 24256



9590 9402 1344 5285 9087 88

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5130

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Bruce Sutherland 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



3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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.

Raymond Gardner and
Barbara Gardner
P.O. Box 545
Bandon, OR 97411



9590 9402 1344 5285 9096 79

2. Article Number (Transfer from service label)

7009 2250 0001 7693 7121

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Raymond Gardner 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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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.

Sue Elaine Kiser
3805 Valley Creek Way, Apt #3
Knoxville, TN 37918



9590 9402 1344 5285 9096 79

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Sue Elaine Kiser 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

3. Service Type
- | | |
|--|--|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |

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:

Pamela B Pinkerton
440 Brookwood Dr
Bristol, TN 37620



9590 9402 1344 5285 9081 15

2. Article Number (Transfer from service label)

7009 2820 0002 7705 6274

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery
4-12-16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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:

Kerry Sutherland
and/or Bertha Sutherland
1060 Showalter Dr Apt 306
Blacksburg, VA 24060



9590 9402 1344 5285 9089 93

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5451

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

DAVID VONES

C. Date of Delivery
4-11-16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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:

Louise V Allen
1613 Mars Hill Dr
Dayton, OH 45449



9590 9402 1344 5285 9080 16

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5758

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery
4/11/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

stricted Delivery

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:

Udell & Roxie A Breeding
1327 Marsha Dr
Miamisburg, OH 45342



9590 9402 1344 5285 9080 47

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5789

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *Udell Breeding* Agent Addressee
- B. Received by (Printed Name) *Udell Breeding* C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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:

Zane F & Alleen Breeding
634 Mears Dr
Miamisburg, OH 45342



9590 9402 1344 5285 9080 61

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5802

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *Zane Breeding* Agent Addressee
- B. Received by (Printed Name) *Zane Breeding* C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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:

Lambert Land LLC
Attn: Dennis Sutherland
PO Box 92
Emory, VA 24327



9590 9402 1344 5285 9088 49

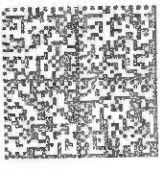
2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

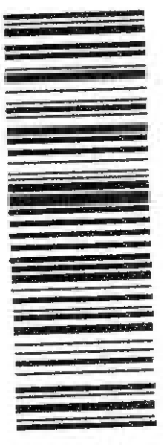
- A. Signature
X *Dennis Sutherland* Agent Addressee
- B. Received by (Printed Name) *Dennis Sutherland* C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

UNITED STATES POSTAGE
 02 1P
 0000841429
 MAILED FROM ZII



RECEIVED
 APR 25 2016
 BY: _____



7009 2820 0002 7705 5239

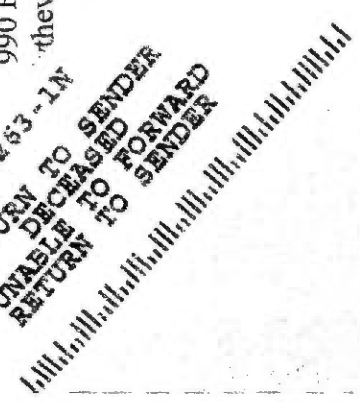
Deceased

Brenda Lee Sutherland
 Asbury Place
 990 Holston Road
 Wytheville, VA 24382

04/19/16

NIXIE

243822263-1N
 RETURN TO SENDER
 DECEASED
 UNABLE TO FORWARD
 RETURN TO SENDER



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:

Brenda Lee Sutherland
 Asbury Place
 990 Holston Road
 Wytheville, VA 24382



9590 9402 1344 5285 9088 87

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *4/19/16*

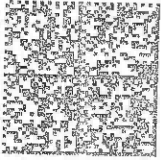
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for

ilhoit & Kaiser
 Attorneys at Law
 301
 oad Street, Suite 301
 3port, TN 37660

UNITED STATES POSTAGE
02 1P \$
0000841429
MAILED FROM ZIF



7009 2820 0002 7705 5666

Deceased

Charlene Sutherland
990 Holston Rd
Wytheville, VA 24382

RECEIVED
APR 25 2016

BY _____

243822263-1N
RETURN TO SENDER
DECEASED
ABLE TO FORWARD
TBN TO SENDER

04/19/16

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:

Charlene Sutherland
990 Holston Rd
Wytheville, VA 24382



9590 9402 1344 5285 9091 05

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 CS Addressee

B. Received by (Printed Name) Date of Delivery
CS 4/19

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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™

Wilhoit & Kaiser
Attorneys at Law
0 Broad Street, Suite 301
Kingsport, TN 37660

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:

Opal S Ashworth
1060 Showalter Dr, Apt 311
Blacksburg, VA 24060



9590 9402 1344 5285 9081 08

2. Article Number (Transfer from service label)

7009 2820 0002 7705 6281

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent
 Addressee

B. Received by (Printed Name)

DAVID JONES

C. Date of Delivery

4-11-16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

Mail Restricted Delivery (00)

Domestic Return Receipt

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:

Charles Dale Helton
213 Harris Road
Gray, KY 40734



9590 9402 1344 5285 9088 01

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5154

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent
 Addressee

B. Received by (Printed Name)

Charles Helton

C. Date of Delivery

4/12/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

Mail Restricted Delivery (00)

Domestic Return Receipt*

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:

Penny Bennett and
Steve Bennett
1192 Grouse Dr
Redding, CA 96003



9590 9402 1344 5285 9096 55

2. Article Number (Transfer from service label)

7009 2250 0001 7693 7107

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

Mail Restricted Delivery (over 5000)

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:
 Thomas Dotson
 305 Hill Road
 Southern Pines, NC 28387



2. Article Number (Transfer from service label)
 7009 2820 0002 7705 5819

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Thomas Dotson* Agent Addressee

B. Received by (Printed Name) *Thomas D. Ben* C. Date of Delivery *4-2-16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 Frank & Linda Stanley
 100 Trinity Rd
 Franklin, TN 37067



2. Article Number (Transfer from service label)
 7009 2820 0002 7705 5338

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Frank Stanley* Agent Addressee

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

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 Kathleen & Adron Counts
 676 Baker Street
 Mount Gilead, OH 43338



2. Article Number (Transfer from service label)
 7009 2820 0002 7705 5437

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kathleen Counts* Agent Addressee

B. Received by (Printed Name) *Kathleen Counts* C. Date of Delivery *4-17*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 David A Ashworth
 1101 Hunting Camp Rd
 Bastian, VA 24314



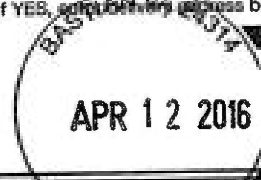
2. Article Number (Transfer from service label)
 7009 2250 0001 7693 7282

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Adult Signature Agent
 Adult Signature Restricted Delivery Addressee
 B. Received by (Printed Name) C. Date of Delivery
 David Alan Ashworth 4-12-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 Marsha Nolan Chadwick
 13318 NE 39th Street
 Vancouver, WA 98628



2. Article Number (Transfer from service label)
 7009 2820 0002 7705 5536

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Adult Signature Agent
 Adult Signature Restricted Delivery Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Marsha Chadwick

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:
 Alfred Lee Kiesling, Jr.
 136 Mt. Mourne Loop
 Mooresville, NC 28117



2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Adult Signature Agent
 Adult Signature Restricted Delivery 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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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:

Phillip Stanley
PO Box 887
Clintwood, VA 24228



9590 9402 1344 5285 9091 43

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5703

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ruenna Sp...* Agent
 Addressee

B. Received by (Printed Name)

Ruenna Sp...

C. Date of Delivery

4-11-16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. 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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Dennis R Owens
PO Box 577
Bristol, TN 34621



9590 9402 1344 5285 9078 97

2. Article Number (Transfer from service label)

7009 2250 0001 7693 7411

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kathy L. Owens* Agent
 Addressee

B. Received by (Printed Name)

KATHY L. OWENS

C. Date of Delivery

APR 13 2016

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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:

Darrell W Rasnake
PO Box 155
Bee, VA 24218



9590 9402 1344 5285 9083 37

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Darrell Rasnake* Agent
 Addressee

B. Received by (Printed Name)

Darrell Rasnake

C. Date of Delivery

4-13-16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

*9967 Sandlick Rd
Bee VA 24217*

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™

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:
 Emory & Barbara Hess
 1096 Barberry Rd
 Honaker, VA 24260

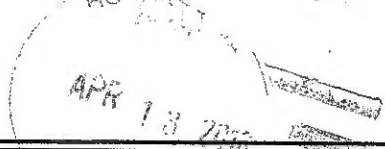


2. Article Number (Transfer from service label)
 7009 2820 0002 7705 5857

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Emory Hess
 B. Received by (Printed Name) C. Date of Delivery
EH 04-13-16
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

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:
 Patsy Martin
 PO Box 225
 Honaker, VA 24260



2. Article Number (Transfer from service label)
 7009 2820 0002 7705 5864

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Patsy Martin
 B. Received by (Printed Name) C. Date of Delivery
 04-13-16
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

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:
 Ricky Ray Edwards, Sr
 PO Box 155
 Bee, VA 24218



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Ricky Edwards
 B. Received by (Printed Name) C. Date of Delivery
Ricky Edwards 4-13-16
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery

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:
 Troy Wayne Williams, II
 300 Williams Lane
 Coeburn, VA 24230



9590 9402 1344 5285 9087 40

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5093

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Troy W. Williams

B. Received by (Printed Name)

C. Date of Delivery
 4-12-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

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:
 Jennifer Lee Bolling
 102 Tabor Rd
 Oak Ridge, TN 37830



9590 9402 1344 5285 9099 90

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6896

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Jennifer Bolling*

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

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

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:
 Yvonne & Carl Ray
 4067 Hurricane Creek Rd
 Vansant, VA 24656



9590 9402 1344 5285 9080 54

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Carl Ray*

B. Received by (Printed Name)
 CARL RAY

C. Date of Delivery
 4-12-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

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:

Stanley Keith Bowman
324 Upland Way
Bristol, TN 37620



9590 9402 1344 5285 9081 91

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5598

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
SK Bowman

B. Received by (Printed Name)
LF Bowman

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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:

Larry & Margaret Sutherland
5897 S Kings Hwy
Myrtle Beach, SC 29575



9590 9402 1344 5285 9090 13

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5475

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

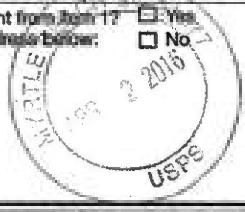
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Larry Sutherland

B. Received by (Printed Name)
LARRY SUTHERLAND

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No



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

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:

Shelby Pilkenton
North 5 Aqua Lane Dr
Winter Haven, FL 33884



9590 9402 1344 5285 9086 72

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Shelby Pilkenton

B. Received by (Printed Name)

C. Date of Delivery
7/12

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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:

Linda Milam Kiesling, et al
132 Mount Mourne Loop
 Mooresville, NC 28117



9590 9402 1344 5285 9095 63

2. Article Number (Transfer from service label)
7000 50 0001 7693 7015

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Linda Kiesling 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

3. 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
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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:

Nancy Elizabeth and
Michael Prisco
424 Talamone Drive
Winter Haven, FL 33884



9590 9402 1344 5285 9088 32

2. Article Number (Transfer from service label)
7009 2820 0002 7705 5185

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Nancy Prisco Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *4/12/16*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. 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
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

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:

Thomas B Nolan
18316 NE Fourth Plain Rd
Vancouver, WA 98682



9590 9402 1344 5285 9082 14

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Thomas B Nolan Agent Addressee

B. Received by (Printed Name) *THOMAS B NOLAN* C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

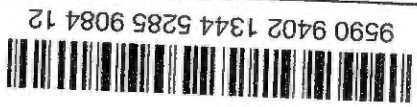
3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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:

Gary Wayne Mullins
1000 SW Orrington Place
Lees Summit, MO 64081



2. Article Number (Transfer from service label)
7009 2820 0002 7705 5970

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)
G. Mullins

C. Date of Delivery
4-12-12

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
- Restricted Delivery
- Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Merchandise
 - Return Receipt for Delivery
 - Return Receipt for Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
4-11-12

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
- Restricted Delivery
- Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Merchandise
 - Return Receipt for Delivery
 - Return Receipt for Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
4-11-12

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

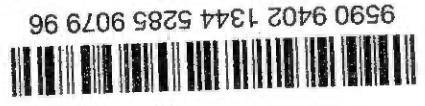
3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
- Restricted Delivery
- Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Merchandise
 - Return Receipt for Delivery
 - Return Receipt for Restricted Delivery

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:

Arthur & Kim Breeding
10754 N Cassel Rd
Vandalia, OH 45377



COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
4-13-12

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
- Restricted Delivery
- Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Merchandise
 - Return Receipt for Delivery
 - Return Receipt for Restricted Delivery



Patricia Ann French
3522 Easton Drive
Bowie, MD 20716

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Adult Signature Restricted Delivery
 - Certified Mail®

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

A. Signature *[Signature]*

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery *[Signature]*

Agent

COMPLETE THIS SECTION ON DELIVERY

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



Dolly Dean
4230 Elmview Rd, Apt 223
Roanoke, VA 24018

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

2. Article Number (Transfer from service label)
7009 2250 0001 7693 6721
3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Restricted Delivery
 - Return Receipt for Merchandise
 - Return Receipt for Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

A. Signature *[Signature]*

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery *[Signature]*

Agent

COMPLETE THIS SECTION ON DELIVERY

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



Sheilah Ginger Christensen
523 Ross Rd SE
Lancaster, OH 43130

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

2. Article Number (Transfer from service label)
7009 2820 0002 7705 5581
3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Restricted Delivery
 - Return Receipt for Merchandise
 - Return Receipt for Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

A. Signature *[Signature]*

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery *[Signature]*

Agent

COMPLETE THIS SECTION ON DELIVERY



Clema J. Fields
P.O. Box 2278
Clintwood, VA 24228

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Return Receipt for Merchandise

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

If YES, enter delivery address below:

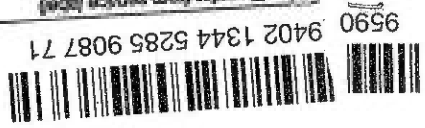
B. Received by (Printed Name) _____

C. Date of Delivery _____

A. Signature Agent Addressee

COMPLETE THIS SECTION ON DELIVERY

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



Angela D Burress
108 Green Hill Drive
Bristol, TN 37620

2. Article Number (Transfer from service label) 9590 9402 1344 5285 9087 71
1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Certified Mail Restricted Delivery
 - Certified Mail
 - Adult Signature Restricted Delivery
 - Adult Signature Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery

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

If YES, enter delivery address below:

B. Received by (Printed Name) _____

C. Date of Delivery _____

A. Signature Agent Addressee

COMPLETE THIS SECTION ON DELIVERY

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



Phyllis Barton
16253 Harmony Way
Abingdon, VA 24210

2. Article Number (Transfer from service label) 7009 2250 0001 7693 7114
1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Certified Mail Restricted Delivery
 - Certified Mail
 - Adult Signature Restricted Delivery
 - Adult Signature Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Restricted Delivery

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

If YES, enter delivery address below:

B. Received by (Printed Name) _____

C. Date of Delivery _____

A. Signature Agent Addressee

COMPLETE THIS SECTION ON DELIVERY

2. Article Number (Transfer from service label)

9590 9402 1344 5285 9097 09



Betty Salyers
422 Woodland Ct SE
Wise, VA 24293

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Adult Signature Restricted Delivery
 - 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

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

A. Signature *[Signature]*

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery *4-16-12*

Agent Address

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number (Transfer from service label)

9590 9402 1344 5285 9096 48



Peggy Jones
208 Park Ave E
Wise, VA 24293

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Adult Signature Restricted Delivery
 - 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

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

A. Signature *[Signature]*

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery *4-9-12*

Agent Address

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number (Transfer from service label)

9590 9402 1344 5285 9098 60



Evelyn Walk
5800 Guest River Rd
Norton, VA 24273

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Adult Signature Restricted Delivery
 - 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

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

A. Signature *[Signature]*

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery *4/11/12*

Agent Address

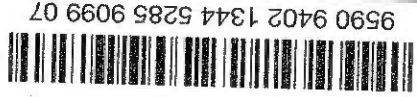
COMPLETE THIS SECTION ON DELIVERY

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:

Gordie Bolling
6410 Glamorgan Chapel Rd
Wise, VA 24293



2. Article Number (Transfer from service label)
7009 2250 0001 7693 6803

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
X Received by (Printed Name) *[Name]*
C. Date of Delivery *[Date]*
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
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

David Kiser and Rosalee Kiser
575 Brush Creek Road
Chintwood, VA 24228



2. Article Number (Transfer from service label)
7009 2250 0001 7693 6998

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
X Received by (Printed Name) *[Name]*
C. Date of Delivery *[Date]*
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
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

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:

Homer Kiser Jr and Wilma Kiser
6530 Dewey Rd
Pound, VA 24279



Article Number (Transfer from service label)
7009 2250 0001 7693 6998

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
X Received by (Printed Name) *[Name]*
C. Date of Delivery *[Date]*
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
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Delivery
 Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

2 Article Number (Transfer from service label)
 7009 2250 0001 7693 6551
 9590 9402 1344 5285 9098 84

Garland Kiser
 7804-A South Fork Rd
 Pound, VA 24279

1. Article Addressed to:
 or on the front if space permits.
 ■ Attach this card to the back of the mailpiece, so that we can return the card to you.
 ■ Print your name and address on the reverse
 ■ Complete items 1, 2, and 3.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Garland Kiser
 Agent

B. Received by (Printed Name)
 Garland Kiser

C. Date of Delivery
 4-11-16

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Delivery
 Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

2. Article Number (Transfer from service label)
 7009 2250 0001 7693 6551
 9590 9403 0754 5196 3400 61

Anna E Knight
 2022 Sherwood Dr Apt 418
 Johnson City, TN 37601

1. Article Addressed to:
 or on the front if space permits.
 ■ Attach this card to the back of the mailpiece, so that we can return the card to you.
 ■ Print your name and address on the reverse
 ■ Complete items 1, 2, and 3.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Anna E Knight
 Agent

B. Received by (Printed Name)
 Anna E Knight

C. Date of Delivery
 4-11-16

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Delivery
 Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

2. Article Number (Transfer from service label)
 7009 2250 0001 7693 6558
 9590 9403 0754 5196 3400 85

Annette Sudham
 5610 Powell River Rd
 Norton, VA 24273

1. Article Addressed to:
 or on the front if space permits.
 ■ Attach this card to the back of the mailpiece, so that we can return the card to you.
 ■ Print your name and address on the reverse
 ■ Complete items 1, 2, and 3.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Annette Sudham
 Agent

B. Received by (Printed Name)
 Annette Sudham

C. Date of Delivery
 4-11-16

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

9590 9402 1344 5285 9094 19



Donald Farmer
1088 Canterbury Rd
Abingdon, VA 24210

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Restricted Delivery
 - Collect on Delivery
 - Certified Mail®
 - Certified Mail® Restricted Delivery
 - Adult Signature Restricted Delivery
 - Adult Signature Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

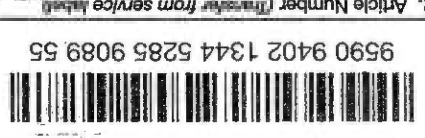
B. Received by (Printed Name) _____
C. Date of Delivery _____

A. Signature _____
X _____
Agent Address

COMPLETE THIS SECTION ON DELIVERY

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

7009 2820 0002 7705 5413



Jerry D & Mary L Sutherland
588 Sams Way
Abingdon, VA 24210

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail
 - Registered
 - Registered Delivery
 - Return Receipt for Merchandise
 - Signature
 - Signature Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Certified Mail®
 - Certified Mail® Restricted Delivery
 - Adult Signature Restricted Delivery
 - Adult Signature Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

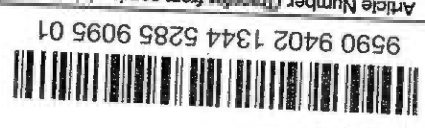
B. Received by (Printed Name) _____
C. Date _____

A. Signature _____
X _____
Agent Address

COMPLETE THIS SECTION ON DELIVERY

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

7009 2250 0001 7693 6957



Judy Sharon Johnson
8315 Maddison Lane
Wise, VA 24293

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Certified Mail®
 - Certified Mail® Restricted Delivery
 - Adult Signature Restricted Delivery
 - Adult Signature Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

A. Signature _____
X _____
Agent Address

COMPLETE THIS SECTION ON DELIVERY

Domestic Return Receipt

1. Article Addressed to:
 ■ 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.

Charles Bartlett JR
 432 E Main Street
 Abingdon, VA 24210



2. Article Number (Transfer from service label)
 9590 9402 1344 5285 9079 41

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Charles Bartlett JR*
 Agent
 Addressee

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

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Collect on Delivery Restricted Delivery
 Collect on Delivery

Domestic Return Receipt

1. Article Addressed to:
 ■ 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.

Anna Piatkowski
 177 Harris Road
 Gray, KY 40734



2. Article Number (Transfer from service label)
 9590 9402 1344 5285 9087 95

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Anna Piatkowski*
 Agent
 Addressee

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

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Collect on Delivery Restricted Delivery
 Collect on Delivery

Domestic Return Receipt

1. Article Addressed to:
 ■ 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.

Dickenson-Russell Coal Company
 Maxxim Shared Services, LLC
 Attn: Steve Smith
 5703 Crutchfield Drive
 Norton, VA 24273



2. Article Number (Transfer from service label)
 9590 9403 0754 5196 3400 16

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Paula B. Bishop*
 Agent
 Addressee

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

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Collect on Delivery Restricted Delivery
 Collect on Delivery

Domestic Return Receipt

2 Article Number (Transfer from service label)

9590 9402 1344 5285 9095 56



Linda Hilton
618 Meadow St NE
Coburn, VA 24230

1. Article Addressed to:

- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Merchandise
 - Return Receipt for Delivery
 - Return Receipt for Delivery Restricted Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

A. Signature *[Signature]*
 X. Received by (Printed Name) *Paula Bishop*
 C. Date of Delivery *4-11-16*
 Agent
 Address

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number (Transfer from service label)

9590 9402 1344 5285 9092 28



Rosie M. Coleman
P.O. Box 1132
Clintwood, VA 24228

1. Article Addressed to:

- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Merchandise
 - Return Receipt for Delivery
 - Return Receipt for Delivery Restricted Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

A. Signature *[Signature]*
 X. Received by (Printed Name) *Rosie M. Coleman*
 C. Date of Delivery
 Agent
 Address

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number (Transfer from service label)

9590 9403 0754 5196 3400 23



ALPHA Land & Reserves, LLC
Attn: Steve Smith
5703 Crutchfield Drive
Norton, VA 24273

1. Article Addressed to:

- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Merchandise
 - Return Receipt for Delivery
 - Return Receipt for Delivery Restricted Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

A. Signature *[Signature]*
 X. Received by (Printed Name) *Paula Bishop*
 C. Date of Delivery *4-11-16*
 Agent
 Address

COMPLETE THIS SECTION ON DELIVERY

Transfer from service label)

9590 9402 1344 5285 9097 16



Beverly Louise Viers
P.O. Box 3585
Wise, VA 24293

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Collect on Delivery
- Collect on Delivery Restricted Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

A. Signature
 Agent
 Addressee

COMPLETE THIS SECTION ON DELIVERY

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

7009 2250 0001 7693 7039

9590 9402 1344 5285 9095 87



Lucille Trent
332 Flat Top Road
Coeburn, VA 24230

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

Domestic Return Receipt

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

A. Signature
 Agent
 Addressee

COMPLETE THIS SECTION ON DELIVERY

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

7009 2250 0001 7693 6940

9590 9402 1344 5285 9094 95



Jonathan Stout
507 Virginia Avenue
Coeburn, VA 24230

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

Domestic Return Receipt

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

A. Signature
 Agent
 Addressee

COMPLETE THIS SECTION ON DELIVERY

Article Number (Transfer from service label)

9590 9402 1344 5285 9079 03



Linda C Kirby
160 Cardigan Road
Centerville, OH 45459

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Adult Signature Restricted Delivery
 - 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *[Name]*

C. Date of Delivery *4-13-16*

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

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

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5420



Judy & Edward Hopkins
5320 Apple Rdg Pl
Westerville, OH 43081

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Adult Signature Restricted Delivery
 - 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *[Name]*

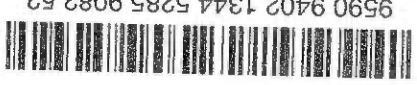
C. Date of Delivery *[Date]*

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

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

2. Article Number (Transfer from service label)

7009 2820 0002 7705 5659



Mabel S Hurst
By Guardian Rebecca H Yost
PO Box 189
Rockville, VA 23146

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Adult Signature Restricted Delivery
 - 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *[Name]*

C. Date of Delivery *7-10-15*

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



Sheila & Billy Bramham
148 Gray Station Rd, Apt 110
Johnson City, TN 37615

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Return Receipt for Merchandise

A. Signature *[Signature]*

B. Received by (Printed Name) *B. BRAMHAM*

C. Date of Delivery *4-19-15*

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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



Michael Lewis and
Juanita Gardner
231 Park Ave
Crescent City, CA 95531

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Return Receipt for Merchandise
 - Return Receipt for Delivery
 - Restricted Delivery

A. Signature *[Signature]*

B. Received by (Printed Name) *MICHAEL LEWIS*

C. Date of Delivery *4/11/15*

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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



Howard Gardner and
Lou Ann Gardner
19295 Highway 42
Myrtle Point, OR 97458

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Return Receipt for Merchandise
 - Return Receipt for Delivery
 - Restricted Delivery

A. Signature *[Signature]*

B. Received by (Printed Name) *Howard Gardner*

C. Date of Delivery *4/18/15*

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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:

Frank Gardner and
 Linda Gardner
 P.O. Box 31
 Fort Dick, CA 95538



9590 9402 1344 5285 9098 77

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6773

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Received by (Printed Name)

C. Date of Delivery 4-19

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

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Return Receipt for Merchandise

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:

John C Gardner
 Box 58
 Fort Dick, CA 95538



9590 9402 1344 5285 9094 64

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6729

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Received by (Printed Name)

C. Date of Delivery 4-19

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

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Return Receipt for Merchandise

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:

Nadine Gardner
 Box 58
 Fort Dick, CA 95538



9590 9402 1344 5285 9096 24

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6729

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Received by (Printed Name)

C. Date of Delivery 4-19

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

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
- Return Receipt for Merchandise

Article Number (Transfer from service label)

9590 9402 1344 5285 9086 34



Gene R Wright
PO Box 2485
St George, UT 84771

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail

A. Signature Agent

B. Received by (Printed Name) Gene Wright

C. Date of Delivery 4-20

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

COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, July 2011 PSN 7530-02-000-9053

Article Number (Transfer from service label)
7009 2820 0002 7705 5918



Robin L Bandan
12609 Cottage Creek
Henrico, VA 23233

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail

A. Signature Agent

B. Received by (Printed Name) Robin L Bandan

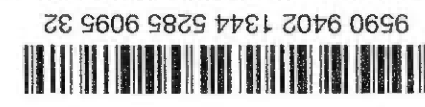
C. Date of Delivery

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

COMPLETE THIS SECTION ON DELIVERY

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

Article Number (Transfer from service label)
7009 2250 0001 7693 6988



Laurie Ann Gardner
Box 58
Fort Dick, CA 95538

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail

A. Signature Agent

B. Received by (Printed Name) Laurie Ann Gardner

C. Date of Delivery 4-19

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

COMPLETE THIS SECTION ON DELIVERY



David French
8593 Wall Triana Hwy
Harvest, AL 35749

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Return Receipt for Merchandise

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

If YES, enter delivery address below:

B. Received by (Printed Name) David French

C. Date of Delivery 7/20/15

A. Signature [Signature]

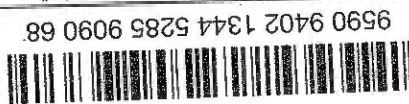
Agent Address Date of Delivery

COMPLETE THIS SECTION ON DELIVERY

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

Domestic Return Receipt

2. Article Number (Transfer from service label) 7009 2820 0002 7705 5529



Mabel Taylor
and/or Phillip E Taylor
3090 Patch Drive
Bloomfield Hill, MI 48304

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - all Restricted Delivery

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

If YES, enter delivery address below:

B. Received by (Printed Name) [Signature]

C. Date of Delivery 7/21/15

A. Signature [Signature]

Agent Address Date of Delivery

COMPLETE THIS SECTION ON DELIVERY

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

Domestic Return Receipt

2. Article Number (Transfer from service label) 7009 2820 0002 7705 5291



David & Robin Pfohl
148 Elbow Creek Rd
Livingston, MT 59047

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail Restricted Delivery
 - Mail Restricted Delivery

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

If YES, enter delivery address below:

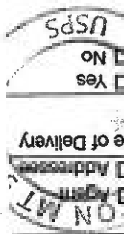
B. Received by (Printed Name) David & Robin Pfohl

C. Date of Delivery 7/21/15

A. Signature [Signature]

Agent Address Date of Delivery

COMPLETE THIS SECTION ON DELIVERY



9590 9402 1344 5285 9086 89



Sandra Pilkenton
725 9th Street
Eagle Lake, FL 33839

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

- Certified Mail® Restricted Delivery
- Certified Mail®
- Adult Signature Restricted Delivery
- Adult Signature
- Registered Mail™ Restricted Delivery
- Registered Mail™
- Priority Mail Express®
- Return Receipt for Merchandise

3. Service Type

Certified Mail®
 Adult Signature Restricted Delivery
 Registered Mail™ Restricted Delivery
 Registered Mail™
 Priority Mail Express®

A. Signature *[Signature]*

B. Received by (Printed Name) *Sandra Pilkenton*

C. Date of Delivery *4-1-16*

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number (transfer from service label)
7009 2250 0002 7693



Lynn A Sentz
114 Albacore Dr
Grifton, VA 23692

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

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

3. Service Type

Certified Mail®
 Adult Signature Restricted Delivery
 Registered Mail™ Restricted Delivery
 Registered Mail™
 Priority Mail Express®

A. Signature *[Signature]*

B. Received by (Printed Name) *Lynn A Sentz*

C. Date of Delivery *4/1/16*

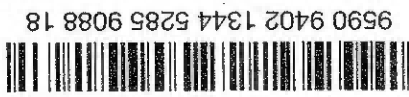
D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number (transfer from service label)
7009 2820 0002 7705 5161



Glenda Cieslinski
4852 Lachene
Warren, MI 48092

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

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

3. Service Type

Certified Mail®
 Adult Signature Restricted Delivery
 Registered Mail™ Restricted Delivery
 Registered Mail™
 Priority Mail Express®

A. Signature *[Signature]*

B. Received by (Printed Name) *Glenda Cieslinski*

C. Date of Delivery *4/1/16*

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

If YES, enter delivery address below:

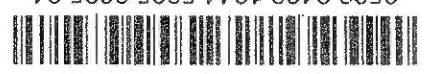
COMPLETE THIS SECTION ON DELIVERY

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:

Marc E Pilkenton
725 9th Street
Eagle Lake, FL 33839



9590 9402 1344 5285 9095 94

2. Article Number (Transfer from service label)

7009 2250 0001 7693 7046

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Marc E Pilkenton
 Agent
 Addressee

B. Received by (Printed Name) Marc E Pilkenton
 C. Date of Delivery 4-11-16

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

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:

Jackie Bolling
P.O. Box 1394
Pound, VA 24279



9590 9402 1344 5285 9099 76

2. Article Number (Transfer from service label)

7009 2250 0001 7693 6872

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jackie Bolling
 Agent
 Addressee

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

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

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:

Novelada E Kahlan
PO Box 2014
Marco Island, FL 34146



9590 9402 1344 5285 9080 23

2. Article Number (Transfer from service label)

7009 2250 0002 7205 5745

COMPLETE THIS SECTION ON DELIVERY

A. Signature Novelada Kahlan
 Agent
 Addressee

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

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Adult Signature Restricted Delivery
 Certified Mail®
 Adult Signature Restricted Delivery
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Restricted Delivery

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Adult Signature Restricted Delivery
 Certified Mail®
 Adult Signature Restricted Delivery
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Restricted Delivery

Article Number (Transfer from service label)

9590 9402 1344 5285 9083 68



Robert E Combs
3118 Red Bud Highway
Honaker, VA 24260

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

If YES, enter delivery address below:

C. Date of Delivery

B. Received by (Printed Name)
Bobby Combs

A. Signature
Bobby Combs

COMPLETE THIS SECTION ON DELIVERY

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

Article Number (Transfer from service label)

7009 2820 0002 7705 5222



Bobby & Minnie Stanley
485 Pinebrooke Ln
Westerville, OH 43082

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

If YES, enter delivery address below:

C. Date of Delivery

B. Received by (Printed Name)
Bobby & Minnie Stanley

A. Signature
Bobby & Minnie Stanley

COMPLETE THIS SECTION ON DELIVERY

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

Article Number (Transfer from service label)

7009 2820 0002 7705 5468



Kimberly Maynard
C/O Randy Maynard
244 Southwest Drive
Scottsville, KY 42164

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

If YES, enter delivery address below:

C. Date of Delivery

B. Received by (Printed Name)
Kimberly Maynard

A. Signature
Kimberly Maynard

COMPLETE THIS SECTION ON DELIVERY

9590 9402 1344 5285 9093 10



Rebecca H Yost
PO Box 189
Rockville, VA 23146

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Return Receipt for Merchandise

A. Signature *Rebecca H Yost*

B. Received by (Printed Name) *Rebecca H Yost*

C. Date of Delivery *4/13/15*

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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

7009 2820 0002 7705 5963



William & Kim Corn
2707 Sweetbriar Rd
Sophia, NC 27350

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

2. Article Number (Transfer from service label)

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Restricted Delivery

A. Signature *[Signature]*

B. Received by (Printed Name) *[Name]*

C. Date of Delivery *4-18-16*

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

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

7009 2250 0001 7693 7473



Edwin Legard
64 Canoe Hill Rd
New Canaan, CT 68403

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

2. Article Number (Transfer from service label)

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Restricted Delivery

A. Signature *E. J. Legard*

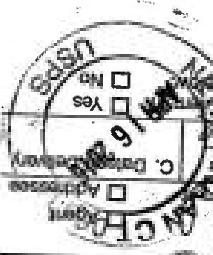
B. Received by (Printed Name) *E. J. Legard*

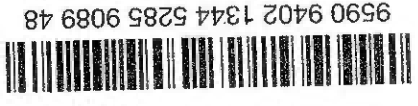
C. Date of Delivery *6/13/15*

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY





9590 9402 1344 5285 9089 48

Jeffrey Brian Bowman
125 Gouge St
Bristol, VA 24201

- 1. Article Addressed to: or on the front if space permits.
- 2. Attach this card to the back of the mailpiece, so that we can return the card to you.
- 3. Print your name and address on the reverse
- 4. Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

- 3. Service Type
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Signature Confirmation™

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

If YES, enter delivery address below:

C. Date of Delivery: April 1, 2015

B. Received by (Printed Name): Jeffrey Bowman

A. Signature: [Signature]

COMPLETE THIS SECTION ON DELIVERY

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

7009 2250 0001 7693 6575



Anvanell R Blevins
7692 DC Caney Ridge Road
Coeburn, VA 24230

- 1. Article Addressed to: or on the front if space permits.
- 2. Attach this card to the back of the mailpiece, so that we can return the card to you.
- 3. Print your name and address on the reverse
- 4. Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

- 3. Service Type
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Insured Mail

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

If YES, enter delivery address below:

C. Date of Delivery: April 1, 2015

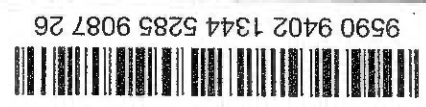
B. Received by (Printed Name): Anvanell Blevins

A. Signature: [Signature]

COMPLETE THIS SECTION ON DELIVERY

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

7009 2820 0002 7705 5079



Texas Rose (Lilly T. Rose)
8010 DC Caney Ridge Road
Coeburn, VA 24230

- 1. Article Addressed to: or on the front if space permits.
- 2. Attach this card to the back of the mailpiece, so that we can return the card to you.
- 3. Print your name and address on the reverse
- 4. Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

- 3. Service Type
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Signature Confirmation™

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

If YES, enter delivery address below:

C. Date of Delivery: April 1, 2015

B. Received by (Printed Name): Lilly Rose

A. Signature: [Signature]

COMPLETE THIS SECTION ON DELIVERY



Article Number (Transfer from service label)
9590 9402 1344 5285 9099 69

Irene Vanderpool and
Dayton Vanderpool
650 Michael Dr
Franklin, OH 45005

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Return Receipt for Merchandise
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery

Return Receipt for Merchandise
 Delivery
 Return Receipt for Delivery
 Signature Confirmation™
 Restricted Delivery

A. Signature _____
 Agent
 Addressed

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

C. _____
 Addressed

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY



Article Number (Transfer from service label)
9590 9402 1344 5285 9082 38

Betty & Buddy Moore
120 Currahee Pl
Toccoa, GA 30577

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Return Receipt for Merchandise
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery

Return Receipt for Merchandise
 Delivery
 Return Receipt for Delivery
 Signature Confirmation™
 Restricted Delivery

A. Signature _____
 Agent
 Addressed

B. Received by (Printed Name) Betty Moore
 Date of Delivery _____

C. _____
 Addressed

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY



Article Number (Transfer from service label)
9590 9402 1344 5285 9091 67

Ronad Stanley
946 Grant Mill Rd
Alto, GA 30510

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Return Receipt for Merchandise
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery

Return Receipt for Merchandise
 Delivery
 Return Receipt for Delivery
 Signature Confirmation™
 Restricted Delivery

A. Signature _____
 Agent
 Addressed

B. Received by (Printed Name) Ronad Stanley
 Date of Delivery _____

C. _____
 Addressed

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

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

9590 9402 1344 5285 9090 20



Larry & Barbara Younce
Rt 1 Box 338
Haysi, VA 24256

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Return Receipt for Merchandise
 - Return Receipt for Delivery
 - Registered Mail Restricted Delivery
 - Registered Mail™

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

A. Signature _____
Agent Address

COMPLETE THIS SECTION ON DELIVERY

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

2. Article Number (Transfer from service label)
7009 2820 0002 7705 5031

9590 9402 1344 5285 9086 65



Shirley Jean Skeen
6908 Mt. Royal Boulevard
Knoxville, TN 37918

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Return Receipt for Merchandise
 - Return Receipt for Delivery
 - Registered Mail Restricted Delivery
 - Registered Mail™

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

A. Signature _____
Agent Address

COMPLETE THIS SECTION ON DELIVERY



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

2. Article Number (Transfer from service label)
7009 2820 0002 7705 5871

9590 9402 1344 5285 9083 13



Sharon Kay Perkins
PO Box 225
Honaker, VA 24260

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Return Receipt for Merchandise
 - Return Receipt for Delivery
 - Registered Mail Restricted Delivery
 - Registered Mail™

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

A. Signature _____
Agent Address

COMPLETE THIS SECTION ON DELIVERY

APR 14 2016



Clinard Stanley
Rt 1 Box 313 A
Haystack, VA 24256

1. Article Addressed to:
 ■ 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery
 Certified Mail®
 Return Receipt for Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 Agent
 Signature

A. Signature

COMPLETE THIS SECTION ON DELIVERY



Bobby Rose Sr
PO Box 1869
Honaker, VA 24260

1. Article Addressed to:
 ■ 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.

SENDER: COMPLETE THIS SECTION

2. Article Number (Transfer from service label) 7009 2820 0002 7705 5833

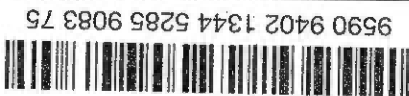
3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery
 Certified Mail®
 Return Receipt for Merchandise
 Signature Confirmation™
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Restricted Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 Agent
 Signature

A. Signature

COMPLETE THIS SECTION ON DELIVERY



Bobby C Rose
PO Box 1869
Honaker, VA 24260

1. Article Addressed to:
 ■ 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.

SENDER: COMPLETE THIS SECTION

2. Article Number (Transfer from service label) 7009 2820 0002 7705 5932

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Adult Signature Restricted Delivery
 Certified Mail®
 Return Receipt for Merchandise
 Signature Confirmation™
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Restricted Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name)
 Agent
 Signature

A. Signature

COMPLETE THIS SECTION ON DELIVERY

9590 9402 1344 5285 9081 22



Paula & Billy K King
585 3rd St SW
Christiansburg, VA 24073

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Return Receipt for Delivery

4. Delivery address different from item 1? Yes No
 If YES, enter delivery address below:

5. Signature
 Agent
 Addressed
 Date of Delivery

6. Received by (Printed Name)
 7. Date of Delivery

8. COMPLETE THIS SECTION ON DELIVERY

APR 14 2016
CHRISTIANSBURG, VA

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

2. Article Number (Transfer from service label)
7009 2820 0002 7205 6069



Ellen L. French
6440 Lake Park Drive #305
Greenbelt, MD 20770

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Return Receipt for Delivery

4. Delivery address different from item 1? Yes No
 If YES, enter delivery address below:

5. Signature
 Agent
 Addressed
 Date of Delivery

6. Received by (Printed Name)
 7. Date of Delivery

8. COMPLETE THIS SECTION ON DELIVERY

DOMESTIC RETURN RECEIPT

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

2. Article Number (Transfer from service label)
7009 2820 0002 7205 6014



Catherine Stookey
775 Berry Road
Wood River, IL 62095

1. Article Addressed to:
or on the front if space permits.
- Attach this card to the back of the mailpiece, so that we can return the card to you.
 - Print your name and address on the reverse
 - Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

3. Service Type
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Return Receipt for Delivery

4. Delivery address different from item 1? Yes No
 If YES, enter delivery address below:

5. Signature
 Agent
 Addressed
 Date of Delivery

6. Received by (Printed Name)
 7. Date of Delivery

8. COMPLETE THIS SECTION ON DELIVERY

DOMESTIC RETURN RECEIPT

9590 9402 1344 5285 9084 67



Jennifer French Mackey
1274 County Rd 2051
Nacogdoches, TX 75965

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *David Mackey*

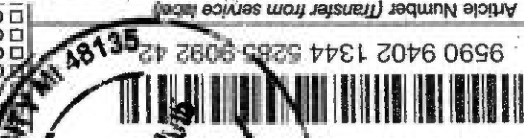
C. Date of Delivery: *4-12-16*

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

If YES, enter delivery address below:

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

7009 2250 0002 7693 7290



Luther Stanley
6648 Sunfield
Garden City, MI 48135

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

2. Article Number (Transfer from service label)
3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Delivery
 - Return Receipt for Merchandise
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *[Signature]*

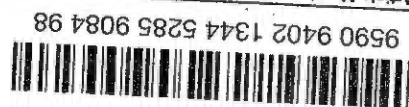
C. Date of Delivery: *4-12-16*

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

If YES, enter delivery address below:

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

7009 2820 0002 7705 6052



Richard P. Maske
7740 NW 35th Street
Hollywood, FL 33024

1. Article Addressed to:
- 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.

SENDER: COMPLETE THIS SECTION

2. Article Number (Transfer from service label)
3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Delivery
 - Return Receipt for Merchandise
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *[Signature]*

C. Date of Delivery: *[Blank]*

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

If YES, enter delivery address below:

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.

Margaret E Spangler
 3307 SE 2nd Ave
 Camas, WA 98607



9590 9402 1344 5285 9089 24

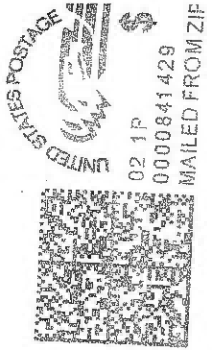
2. Article Number (Transfer from service label)
 7009 2820 0002 7705 5383

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Margaret E Spangler*
 B. Received by (Printed Name)
 C. Date of Delivery 4-13-16
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail
 - Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Return Receipt for Merchandise
 - Return Receipt for Delivery

(00)



NIXIE 240732331-1N 04/25/16

RETURN TO SENDER
UNABLE TO FORWARD
RETURN TO SENDER



RECEIVED
MAY 02 2016
BY:



Will
Att
20 Broad Street, Suite 301
Kingsport, TN 37660

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:

Michael K Sutherland
260 Robert St
Christiansburg, VA 24073



0500 0402 1244 5285 0002 65

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for

Tracking

Exhibit B
VGOB-89-0126-0009-87

Dickenson-Russell Coal Company
Maxxim Shared Services, LLC
Attn: Steve Smith
5703 Crutchfield Drive
Norton, VA 24273

ALPHA Land & Reserves, LLC
Attn: Steve Smith
5703 Crutchfield Drive
Norton, VA 24273

WBRD LLC
Chad Mooney
5260 Irwin Road
Huntington, WV 25705-3247

ACIN LLC
Chad Mooney
5260 Irwin Road
Huntington, WV 25705-3247

35BQ

Aldie Pilkenton
Unknown

Alfred Lee Kiesling, Jr.
136 Mt. Mourne Loop
 Mooresville, NC 28117

Amos Maggard
P.O. Box 403
Pound, VA 24279

Anna E Knight
2022 Sherwood Dr Apt 418
Johnson City, TN 37601

Anna Jo Rasnick
Unknown

Annette Stidham
5610 Powell River Rd
Norton, VA 24273

Anvanell R Blevins
7692 DC Caney Ridge Road

Coeburn, VA 24230

April Kiesling Miller ✓
1340 Mt. Ulla Highway
Mooreville, NC 21885

Barbara Brogdon
382 Marlow Cir
Clinton TN, TN 37716

Betty Salyers
422 Woodland Ct SE
Wise, VA 24293

Beverly Louise Viers
P.O. Box 3585
Wise, VA 24293

Billy Jackson and Janice Jackson
26000 Hwy 60 East
Lake Wales, FL 33853

Blutcher Kiser
Unknown

Carl Kiser
59704 Fairview Rd
Copuille, OR 97423

Caroline Skeen
Unknown

Carson Rasnick
1984 Ferdinand St
Detroit, MI 48209

Cecil Bolling
Unknown

Cheryl Bartow
Unknown

Claude A Ball
Unknown

Clema J. Fields
P.O. Box 2278
Clintwood, VA 24228

Constance kyleen Rasnick Morris
Unknown

Darrell Rasnick
Unknown

Darris Carroll Rasnick
15931 Flanders
Southgate, MI 48195

David C Bolling
113 Corpus Christi Dr
Bristol, TN 37620

David Coleman
P.O. Box 2294
Coeburn, VA 24230

David Kiser and Rosalee Kiser
575 Brush Creek Road
Clintwood, VA 24228

Delbert Rose and Edna Rose
P.O. Box 198
Garrett, KY 41630

Dolly Dean
4230 Elmview Rd, Apt 223
Roanoke, VA 24018

Dora Ethel Bolling
Unknown

Dora V Rasnick
Unknown

Doyle Kennedy ✓
2642 Sunset Dr
New Smyrna Beach, FL 32168

E.T. (Taze) Kiser
Unknown

Eldon Beauchamp and Brigle Beauchamp
8715 East 850 St
Monterey, IN 46960

Elizabeth O'Hara
3705 Cannest Ave

Middletown, OH 45042

Elsie Sturgill and Lloyd C Sturgill
5722 North Fork Rd
Pound, VA 24279

Evelyn Walk
5800 Guest River Rd
Norton, VA 24273

Flora Rasnick Mitchell
Unknown

Floyd B Kiser
Unknown

Frank Gardner and Linda Gardner
P.O. Box 31
Fort Dick, CA 95538

Freeda Jo Rasnick Wilson
Unknown

Garland Kiser
7804-A South Fork Rd
Pound, VA 24279

Gary M Bolling
292 Bolling Ln
Clintwood, VA 24228

Geneetten Rasnick Rose
Unknown

Gordie Bolling
6410 Glamorgan Chapel Rd
Wise, VA 24293

Grady Rasnick
Unknown

Greg Kiser and Aleta Kiser
5929 Tarleton Dr
Oak Ridge, NC 27310

Harlis Gardner and Lou Ann Gardner
16303 N. Fox Hills Dr
Surprise, AR 85374

Harold Gardner and Ilene Gardner
421 A Street
Myrtle Point, OR 97458

Hattie June Rasnick Southers
Unknown

Homer Bolling
Unknown

Homer Kiser Jr and Wilma Kiser
6530 Dewey Rd
Pound, VA 24279

Homer Rasnick
Unknown

Howard Gardner and Lou Ann Gardner
19295 Highway 42
Myrtle Point, OR 97458

Imogene H Atkins
Unknown

Irene Vanderpool and Dayton Vanderpool
650 Michael Dr
Franklin, OH 45005

J.A. Kiser
Unknown

J.B. Kiser
Unknown

Jack Bolling
Unknown

Jackie Bolling
P.O. Box 1394
Pound, VA 24279

James Carson Rose
Unknown

Jeanette Rose ✓
1495 North Huron Rd
Tawas City, MI 48763

Jennifer Lee Bolling
102 Tabor Rd
Oak Ridge, TN 37830

Jeter Kiser
Unknown

Joann Pilkenton
P.O. Box 416
Lake Hamilton, FL 33851

Joe Rasnick
Unknown

John C Gardner
Box 58
Fort Dick, CA 95538

John Douglas Bolling
110 Darwin Ln
Oak Ridge, TN 37830

John Kiser
119 Amsterdam Dr Apt 4
Park Hills, KY 41011

Johnathan Stout
507 Virginia Avenue
Coeburn, VA 24230

Juanita Faye Rasnick Cooley
Unknown

Judy Sharon Johnson
8315 Maddison Lane
Wise, VA 24293

Julia M Mehlon
6104 Double Tree Ct
Baton Rouge, LA 70817

Kathy Dawn Turner ✓
3127 Tee Lane
Knoxville, TN 37918

Keys Bolling
Unknown

Klye K Rasnick
Unknown

Laurie Ann Gardner
Box 58
Fort Dick, CA 95538

Leon Ball
Unknown

Leona Crumpton
34910 Tiller Trail Hwy
Tiller, OR 97484

Linda Hilton
618 Meadow St NE
Coeburn, VA 24230

Linda Milam Kiesling, et al
132 Mount Mourne Loop
 Mooresville, NC 28117

Lois Dean Bolling
P.O. Box 1396
Dauphin Island, AL 36528

Lucille Kiser
Unknown

Lucille Trent
332 Flat Top Road
Coeburn, VA 24230

Luther Bolling
Unknown

Luther Rasnick
Unknown

Malissie Reynolds
Unknown

Marc E Pilkenton
725 9th Street
Eagle Lake, FL 33839

Margaret Rasnick Rose
Unknown

Maria West and Kermit West
P.O. Box 154
Buffalo, IN 47925

Mary Bise
Unknown

Mary E Colley
Unknown

Mary J Bolling
Unknown

Mary Kate Rasnick Franklin
Unknown

Michael Lewis and Juanita Gardner
231 Park Ave
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Map View of Nora CBM Field Increased Density Drilling Previously Board Approved

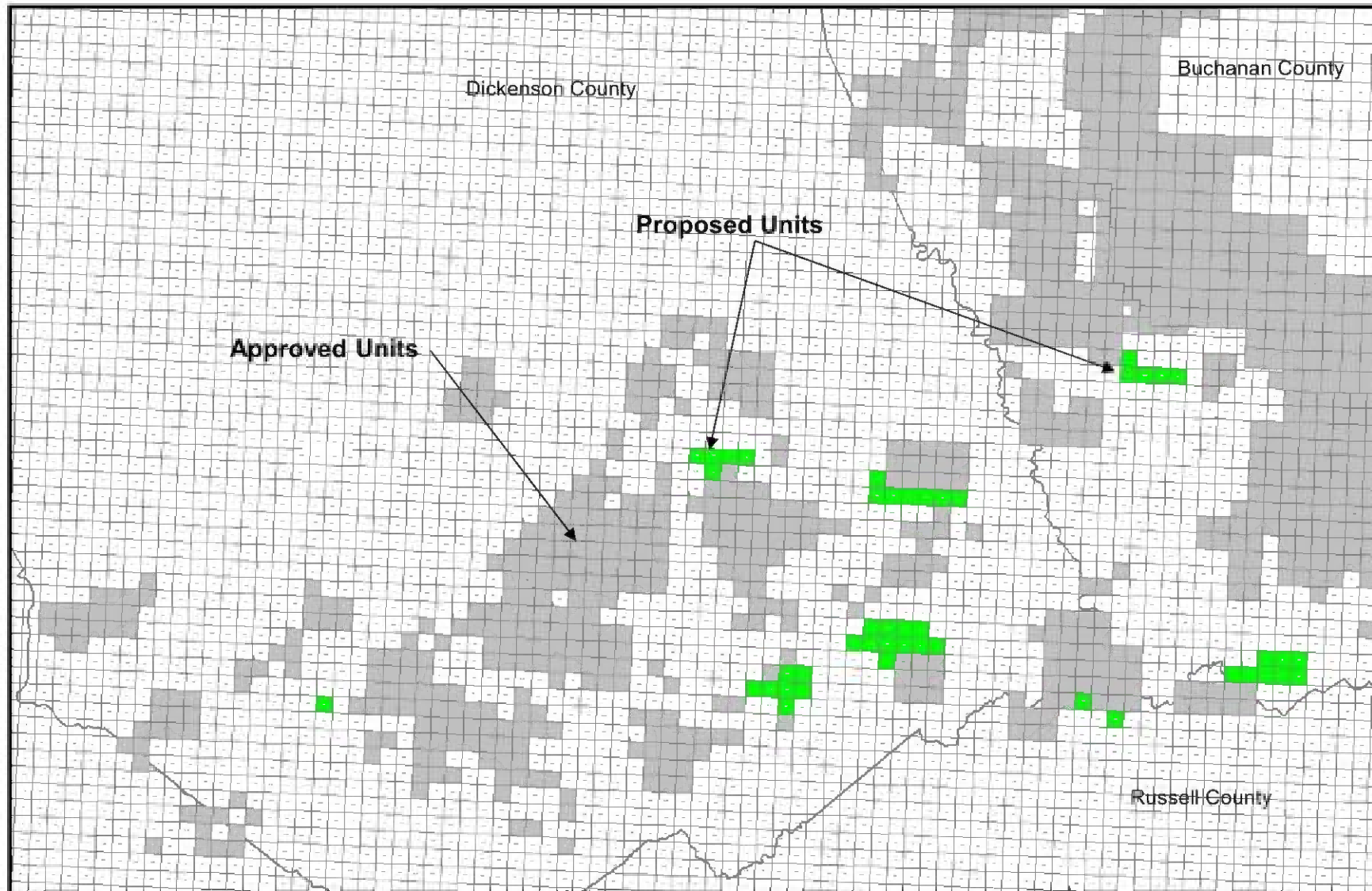


EXHIBIT K (pg 1)

Map View of Nora CBM Field Increased Density Drilling Completed to Date

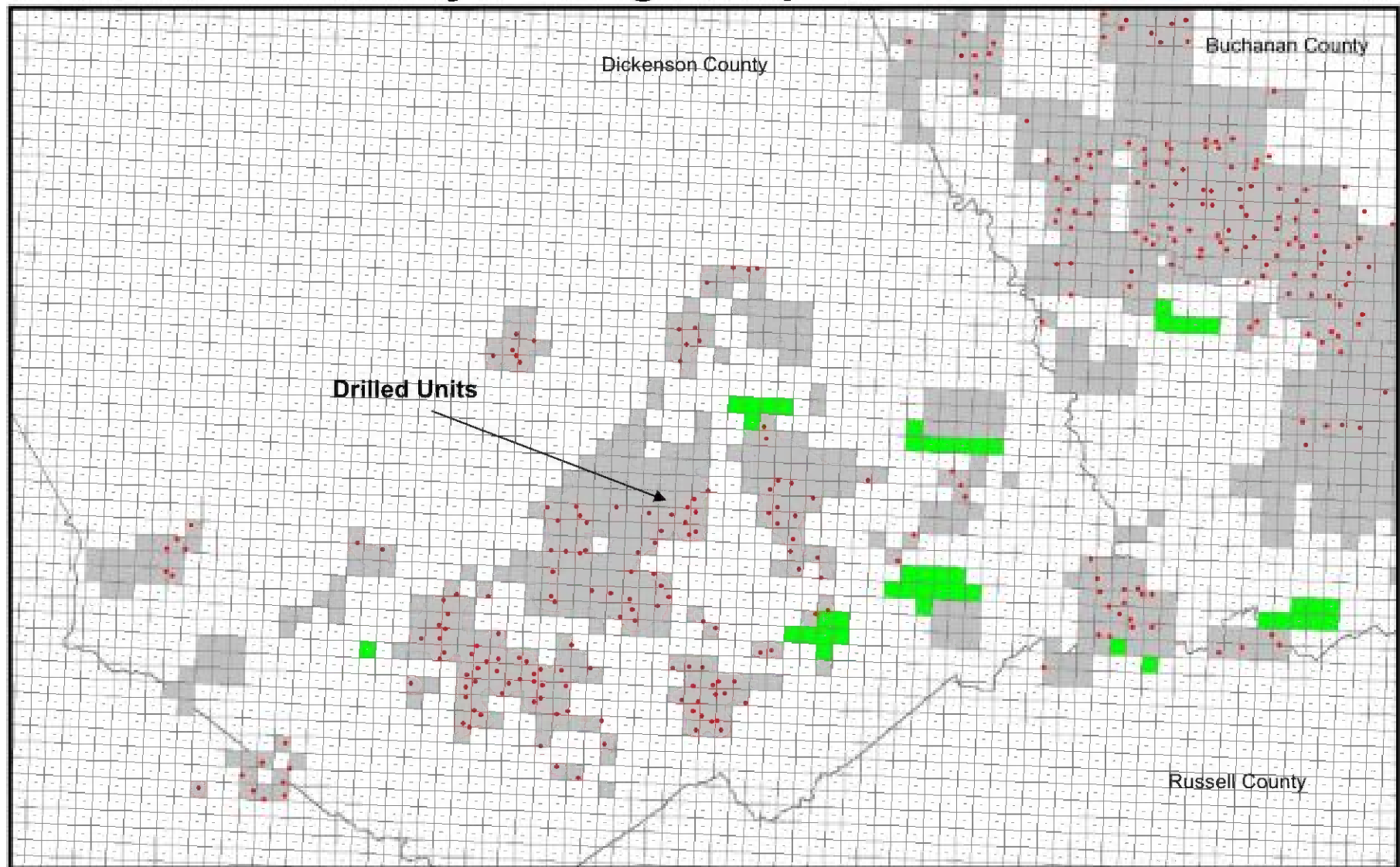


EXHIBIT K (pg 2)

Close up - Map View of Nora Increased Density Areas

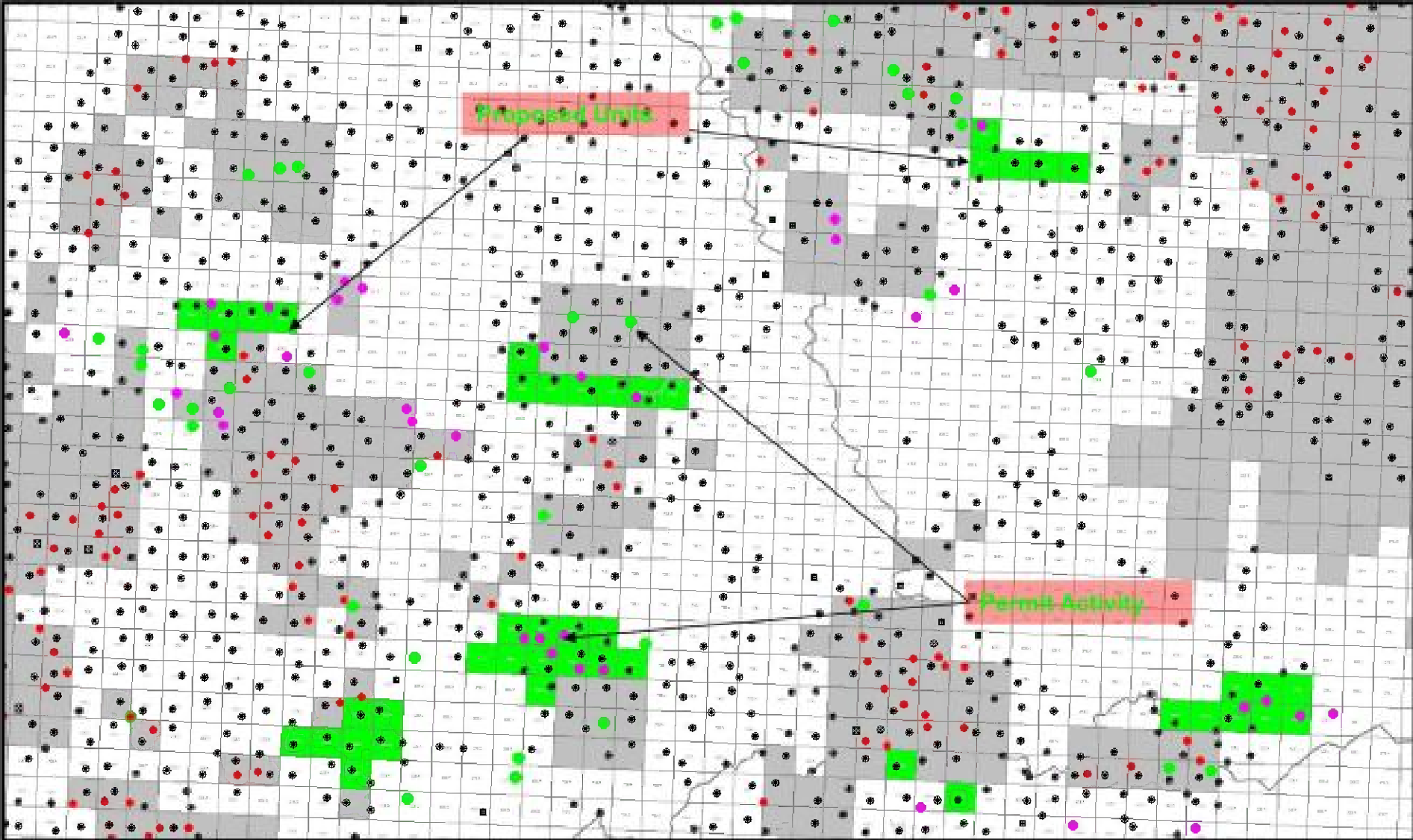


EXHIBIT K (pg 3)

Close up - Map View of Nora Increased Density Areas

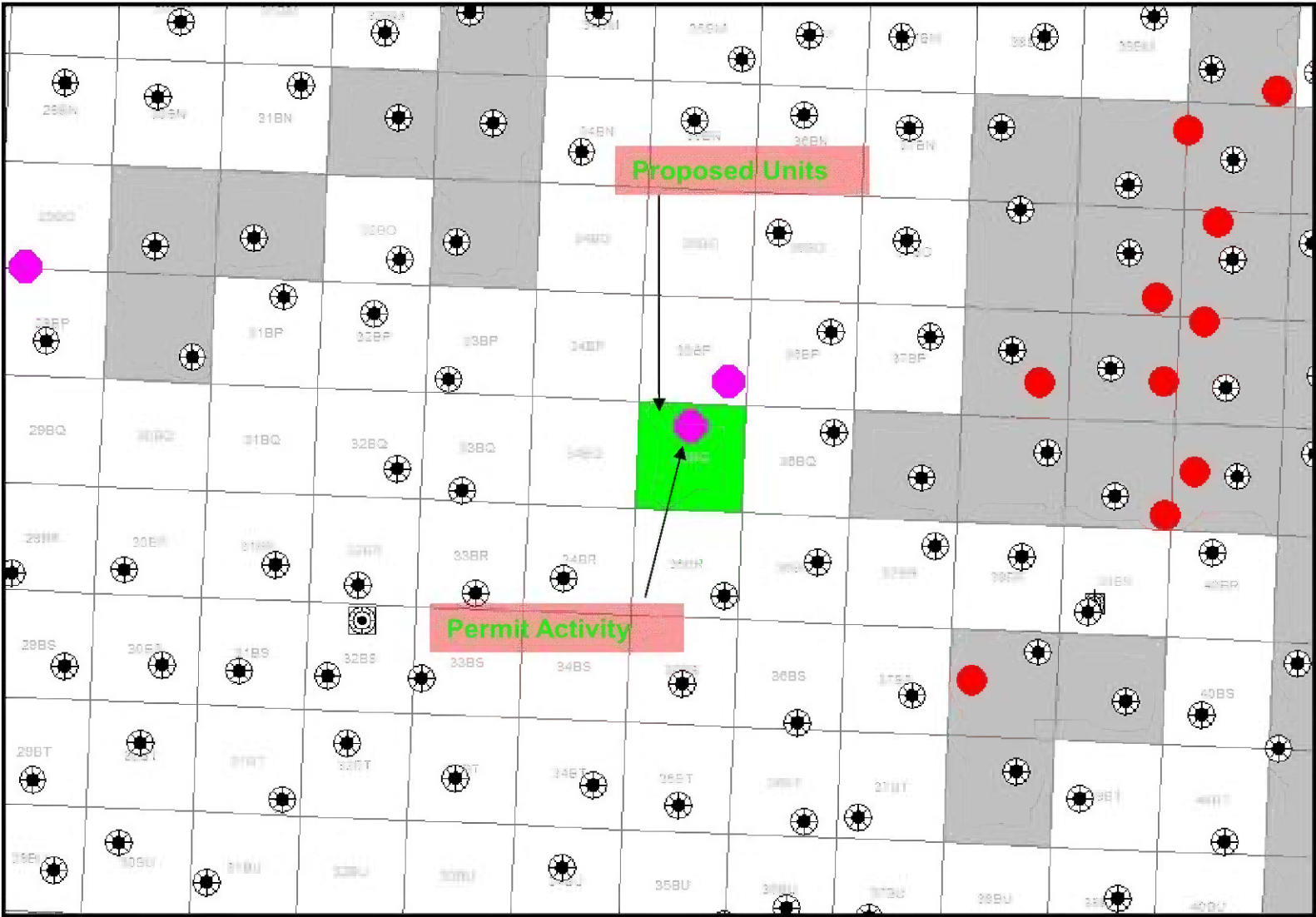
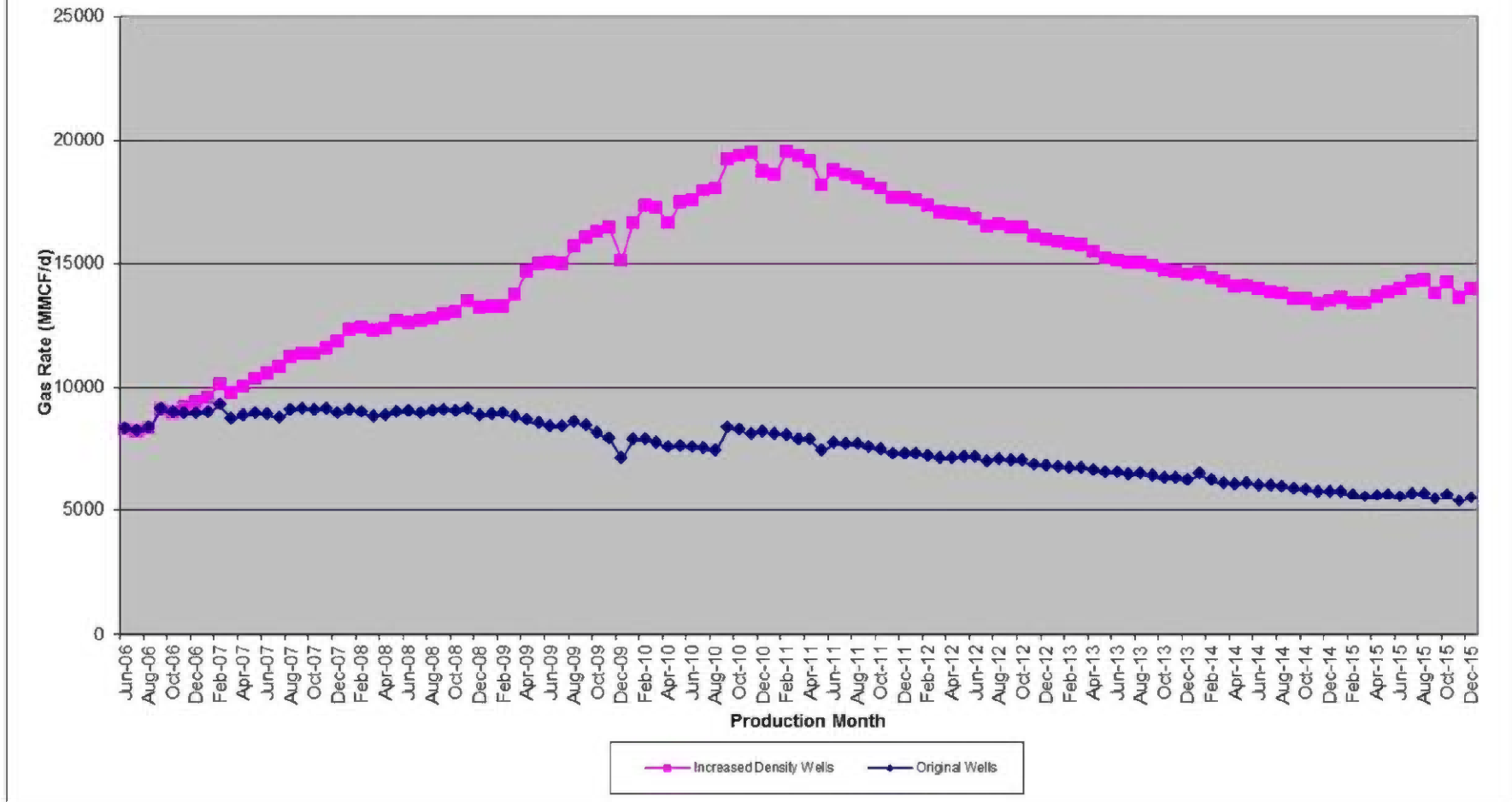


EXHIBIT K (pg 4)

Increased Density Drilling Nora Field Thru 12-2015



Benefits of Increased Density Drilling

- *Increase fracturing network promoting gas flow at low pressure*
- *Decrease de-watering time frame*
- *Increase recovery factor of reservoir*
- *Reservoir production achieved faster and more economical*
- *No significant negative impact to 1st well production, generally see improvement in existing production*

Infill drilling from 2006 – 2015

Production represents 196 units

EXHIBIT K (pg 5)

Recent Example of Increased Density Drilling

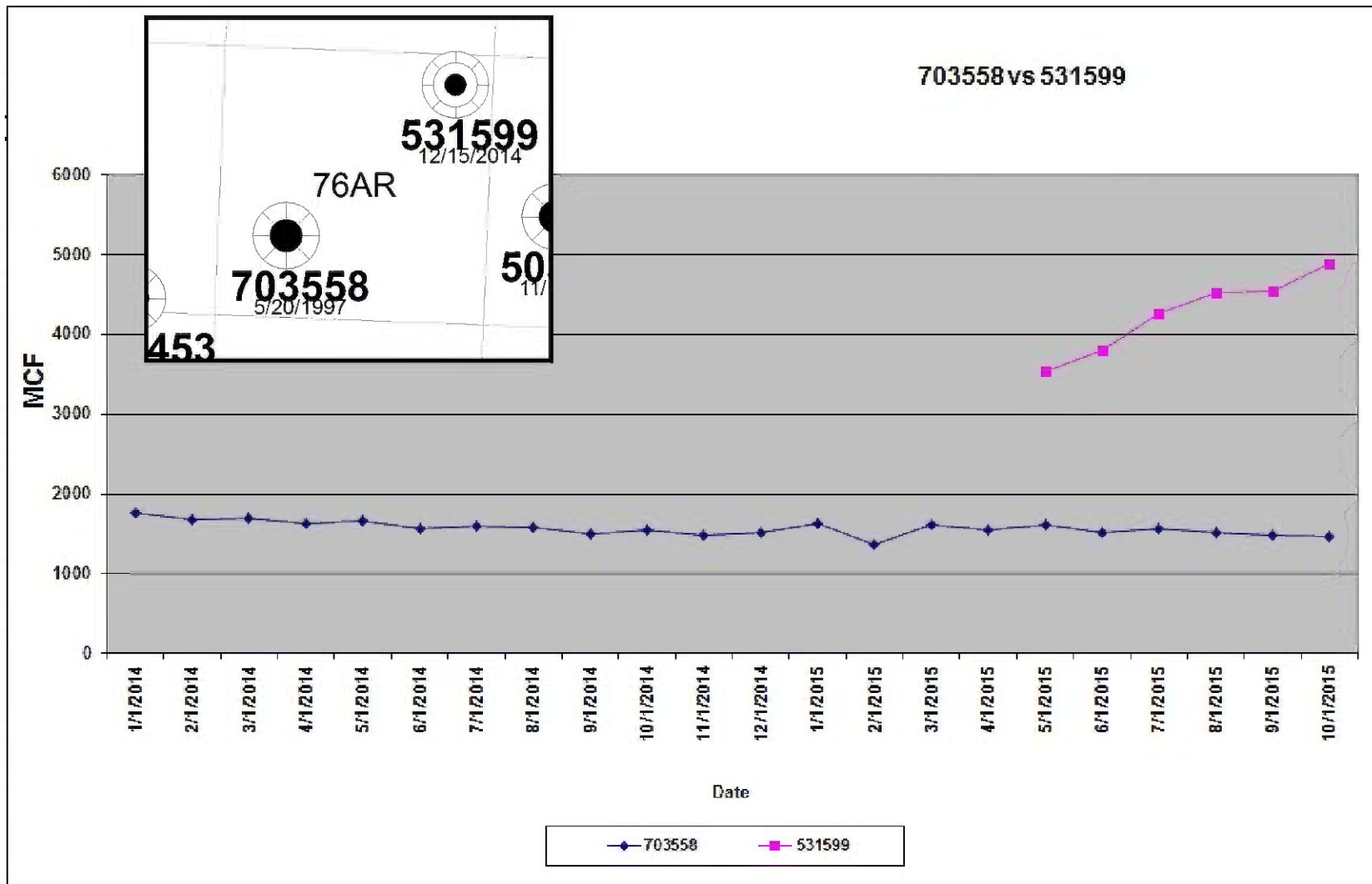


EXHIBIT K (pg 6)

Summary of Increased Density Drilling

- **Working Interest Owners, Royalty Owners, and the State will benefit by maximizing production**
- **Promote conservation of the gas resource and prevent waste by more effectively extracting the resource**
- **Allow for shared facilities such as roads, pipelines, etc. to help minimize environmental impact**
- **No correlative rights issues within proposed units**

EXHIBIT K (pg 7)

Map View of Area Coal Mine Activity

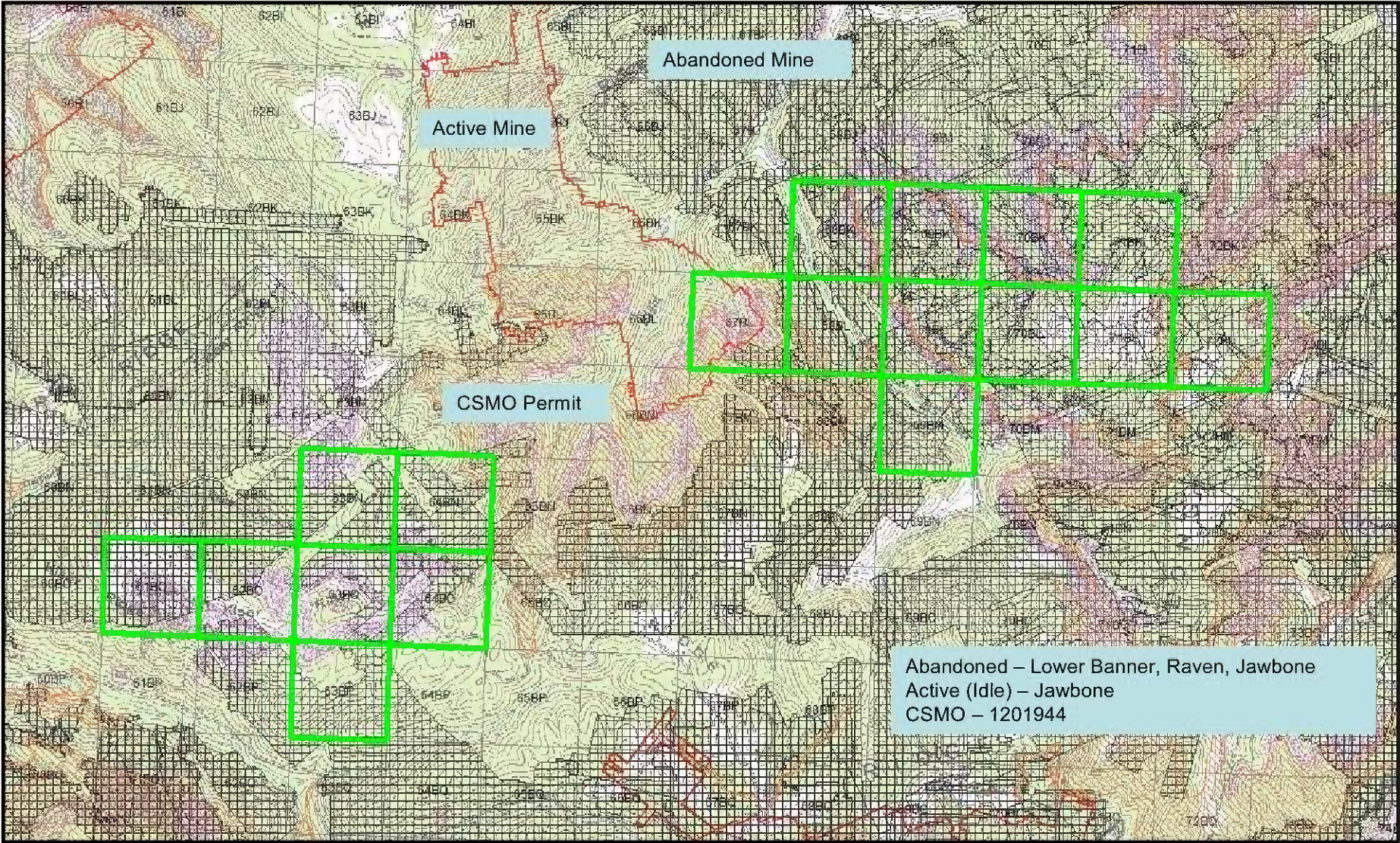
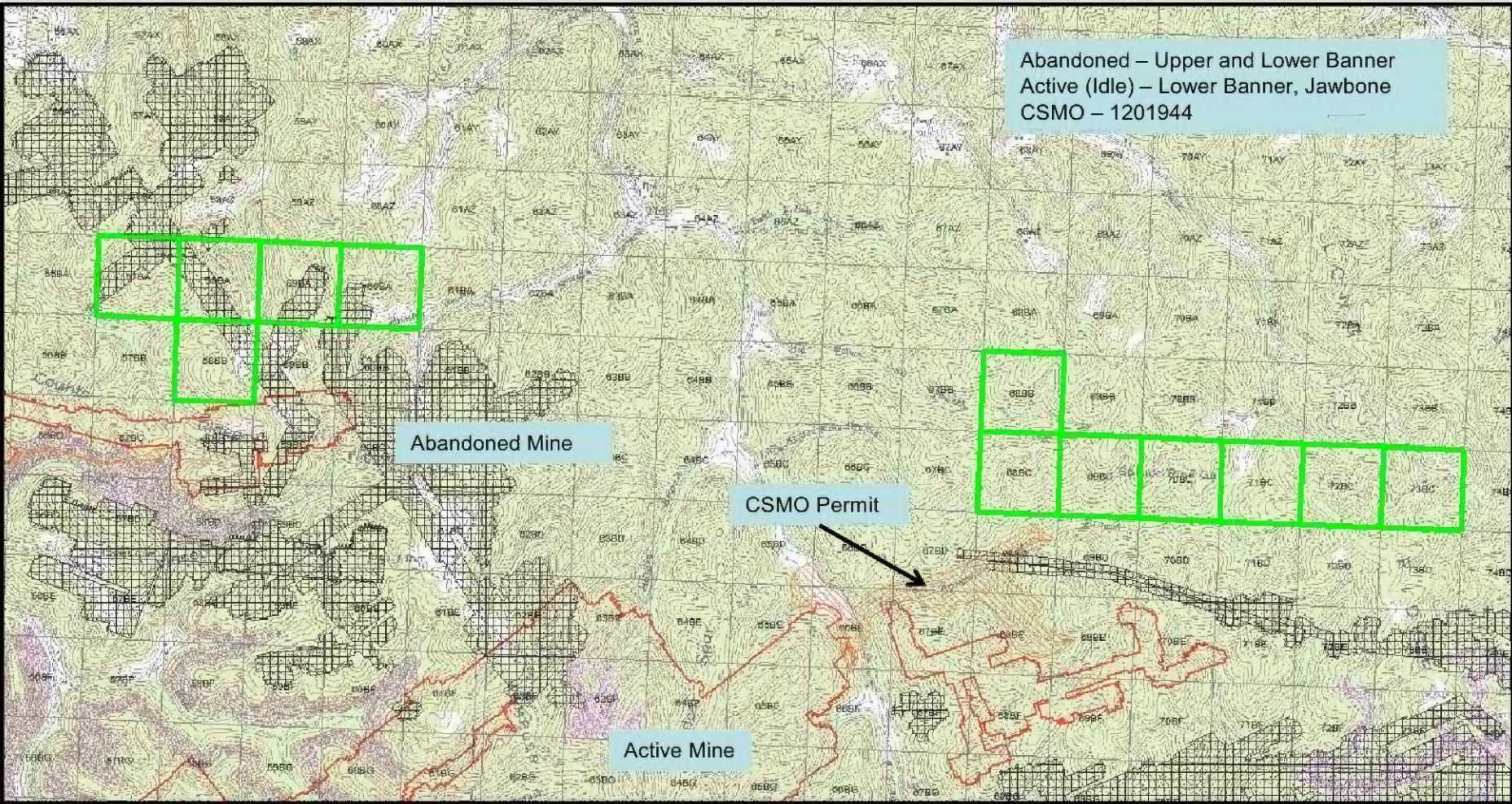


EXHIBIT K (pg 8)

Map View of Area Coal Mine Activity



Map View of Area Coal Mine Activity

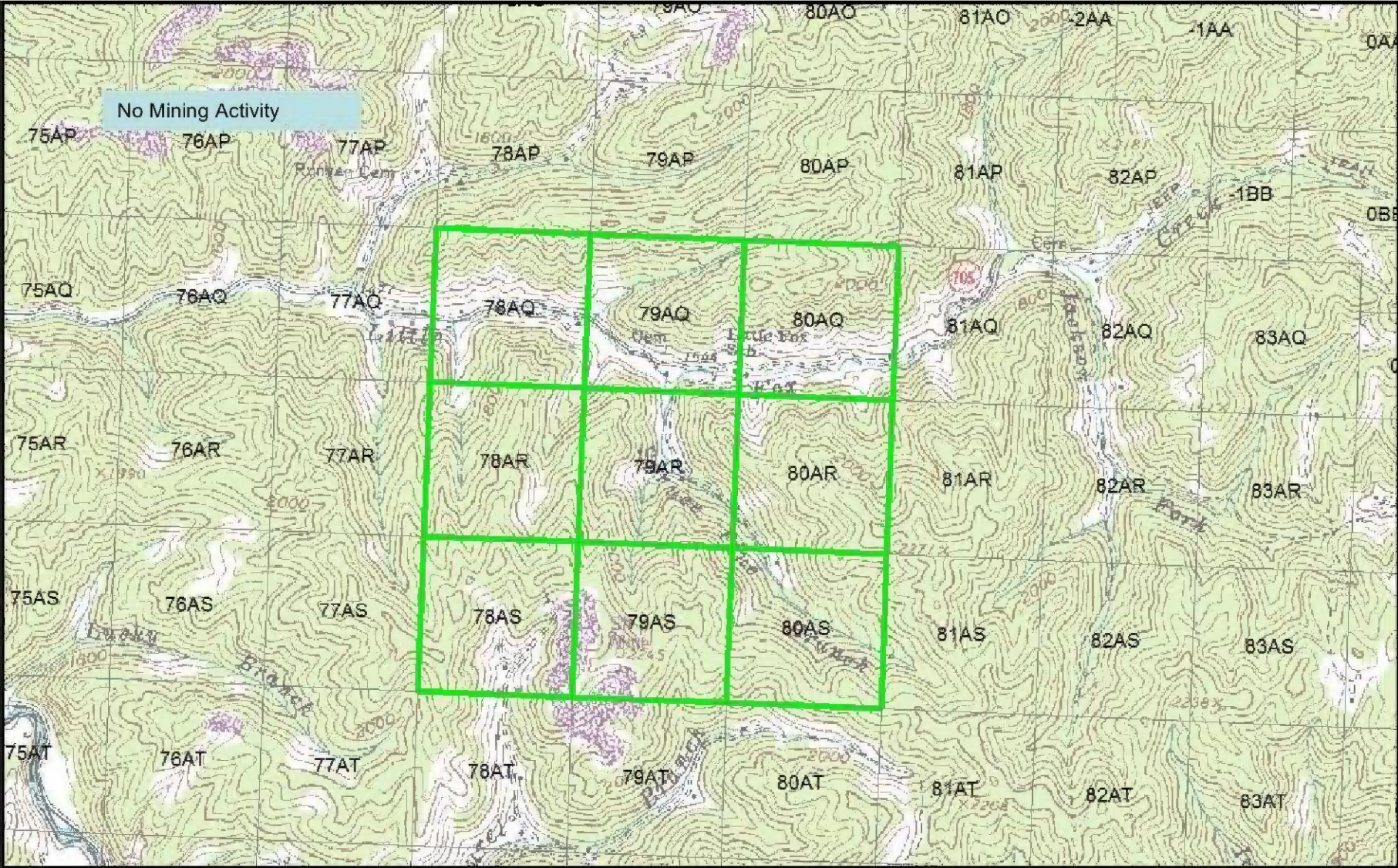


EXHIBIT K (pg 10)

Map View of Area Coal Mine Activity

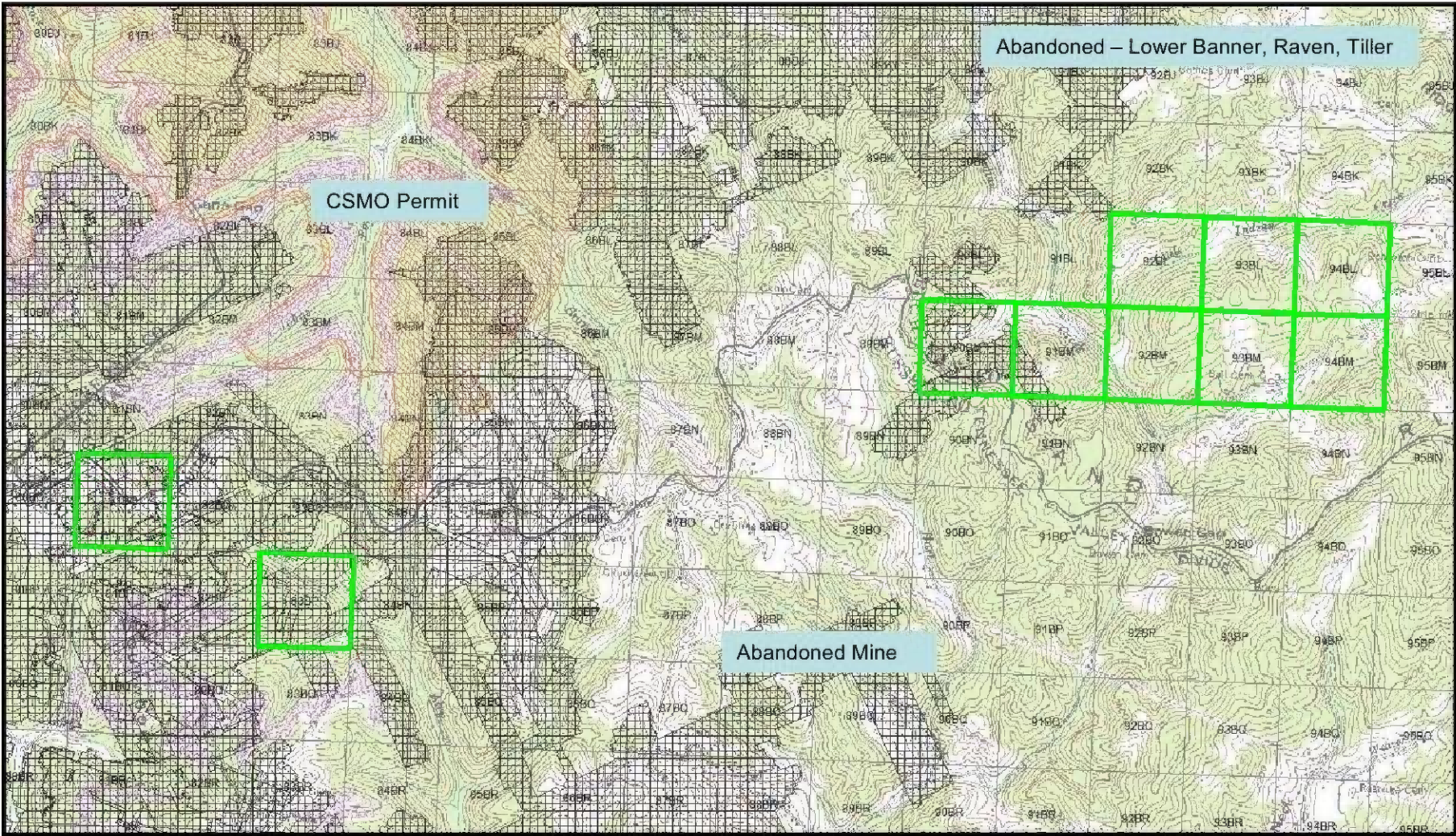


EXHIBIT K (pg 11)

Map View of Area Coal Mine Activity

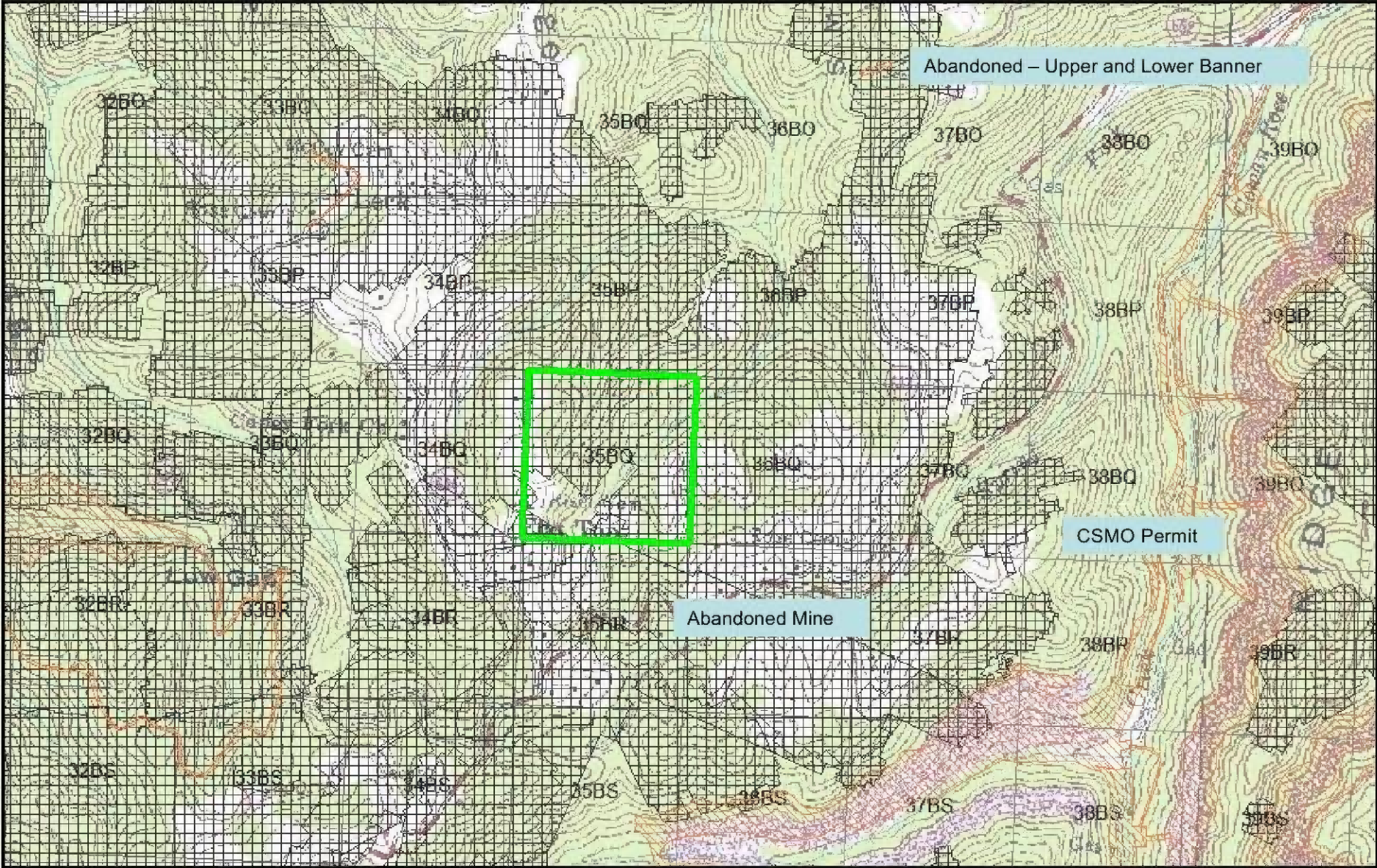


EXHIBIT K (pg 12)