

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ag One Coop Inc
PO Box 516
Richmond, IN 47375

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Tammie Fox

C. Date of Delivery

7/11/19

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

47374
JUL 11 2019

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2 7018 0680 0002 1024 2700

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

B EZ Properties LLC
2518 E 6th St
Anderson, IN 46012

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

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article (Trans) 7017 2620 0000 3759 2548

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert and Nila Blackburn
8644 N County Road 175 E
Springport, IN 47386

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Robert Blackburn

C. Date of Delivery

7-11-19

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

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article (Trans) 7014 1820 0000 6844 1147

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-11540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Alvin & Barbara Carter
3017 Country Estates Dr
New Castle, IN 47362

2. Article Number

7018 0680 0002 1024 2748

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Alvin R Carter☐ Agent☒ Addressee

B. Received by (Printed Name)

ALVIN R CARTER

C. Date of Delivery

7/11/19

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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- 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:

Gerald and Teresa Cline
3330 E Hardacre Ct
New Castle, IN 47362

2. Article
(Transfer from service label)

7018 0680 0002 1024 4087

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Gerald Cline☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-11-19

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Fredrick & Christy Cooper
1364 S Grant City Rd
Shirley, IN 47384



9590 9403 0976 5223 3171 65

2. Article Number (Transfer from service label)

7018 0680 0002 1024 3998

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Christy Cooper☐ Agent☒ Addressee

B. Received by (Printed Name)

Christy Cooper

C. Date of Delivery

7-11-19

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

ii Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Betty A Conn
215 S County Road 400 W
New Castle, IN 47362

2. Article
(Transf)

7009 1680 0001 9181 1574

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Betty A Conn*☐ 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

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bobby Crabtree
8127 W County Road 400 N
Middletown, IN 47356

2. Article
(Transfer)

7018 0680 0002 1024 3172

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Patty D. Crabtree*☐ Agent☒ Addressee

B. Received by (Printed Name)

PATTY D. CRABTREE 7-12-19

C. Date of Delivery

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Betty Creason
4531 E State Road 38
Markleville, IN 46056

2. Article No
(Transfer)

7009 1680 0001 9181 1581

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Betty R. Creason*☐ 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

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William D & Martha Cummings
1685 W County Road 200 N
New Castle, IN 47362

2. Article
(Transit)

7014 1820 0000 6844 1406

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Martha Cummings*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ashley and Nathan Fall
824 W County Road 300 N
New Castle, IN 47362

7017 2620 0000 3759 0193

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nathan Fall*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/11/19

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Beau Fuik
3306 N Mechanicsburg Road
Shirley, IN 47384

2. Article Number

7018 0680 0002 1024 2694

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Beau Fuik*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/11/19

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:
G N Casey Farms Inc
1224 N Manchester Dr
Greenfield, IN 46140



9590 9403 0976 5223 3171 41

2. Article Number (Transfer from service label)

7018 0680 0002 1024 3974

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jennifer Barker

☐ Agent
☒ Addressee

B. Received by (Printed Name)

X Jennifer Barker

C. Date of Delivery

7-11-19

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☐ Insured Mail☐ Insured 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. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
William L & Karen Griffin Rev Lt
134 S Mechanicsburg Rd
Shirley, IN 47384

2. Article Number (Transfer

7014 1820 0000 6844 1390

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Karen Griffin

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Karen Griffin

C. Date of Delivery

07-13-19

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

3. Service Type

☐ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Robert R & Linda K Harris
6110 W County Road 100 S
Shirley, IN 47384

2. Article Number (Transfer

7014 1820 0000 6844 1376

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Linda Harris

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Linda Harris

C. Date of Delivery

7-11-19

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

3. Service Type

☐ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:
 Ronald and Barbara Harris
 6871 W State Road 234
 New Castle, IN 47362



9590 9402 5009 9063 5927 09

2. Article Number (Transfer from service label)

7015 0640 0001 0610 8351

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent☐ 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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$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. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert R Harris
 6110 W County Road 100 S
 Shirley, IN 47384

2. Article Number (Transfer from service label)

7014 1820 0000 6844 1369

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

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

3. Service Type

- ☐ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert and Reba Haynes
 5432 W County Road 300 N
 Middletown, IN 47356

2. Article Number (Transfer from service label)

7014 1820 0000 6844 1130

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☒ Agent☐ Addressee

C. Date of Delivery

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

3. Service Type

- ☐ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ashley and Elijah Haynes
3358 N State Road 3
New Castle, IN 47362

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *E. Haynes* ☐ 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

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7017 2620 0000 3759 0186

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert L. Hensley
8909 W County Road 300 N
Shirley, IN 47384

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Arany Hamilton* ☒ 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

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from)

7014 1820 0000 6844 1079

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Betty Houser Living Trust
410 N Hardacre Ct
New Castle, IN 47362

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Betty Houser* ☐ 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

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from)

7009 1680 0001 9181 1598

PS Form 3811, July 2013

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:

Patricia J Hudson
9203 W County Road 100 S
Shirley, IN 47384



9590 9402 4108 8092 7961 81

7014 1820 0000 6843 9564

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Patricia J Hudson*☐ Agent☒ Addressee

B. Received by (Printed Name)

Patricia J Hudson

C. Date of Delivery

7-11-19

- 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
(over \$500)

- ☐ 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. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jeffrey and Tamara Jacobi
270 W County Road 400 N
New Castle, IN 47362

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tamara Jacobi*☐ Agent☐ Addressee

B. Received by (Printed Name)

Tamara Jacobi

C. Date of Delivery

7-12-19

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

3. Service Type

- ☐ Certified Mail®
☐ Registered
☐ Insured Mail
☐ Priority Mail Express™
☒ Return Receipt for Merchandise
☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Ar
(M)

7018 0680 0002 1024 4469

PS Form 3811, July 2013

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:

Darrin and Angela Kirk
5062 N Raider Rd
Middletown, IN 47356



9590 9403 0976 5223 3169 22

7018 0680 0002 1024 3769

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Darrin J Kirk*☐ Agent☒ Addressee

B. Received by (Printed Name)

Darrin J Kirk

C. Date of Delivery

7-12-19

- 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
(over \$500)

- ☐ 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:

Michael J Kramer
137 N County Road 500 W
New Castle, IN 47362



9590 9403 0728 5196 5652 85

2. Article Number (Transfer from service label)

7014 1820 0000 6843 9489

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Willie and Lillian Lowe
1606 N County Road 525 W
New Castle, IN 47362

2.

7014 1820 0000 6843 9045

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Zeb Margison Properties LLC
4986 W State Road 38
New Castle, IN 47362

2. Article Number

(Transfer from service label)

7014 1820 0000 6843 9069

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kramer*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-4

- 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

Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Willie Lowe*

- ☐ 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

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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 D & Diana J Masters
538 S State Road 234
Shirley, IN 47384



9590 9402 4108 8092 8068 42

2. Article Number (Transfer from service label)

7018 0680 0002 1024 4742

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☒ Addressee

B. Received by (Printed Name)

D. Masters

C. Date of Delivery

7-11-19

D. Is delivery address different from item 1?

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

Restricted Delivery

(over 500)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Scott and Cheryl McCambridge
161 S County Road 400 W
New Castle, IN 47362

2.

7014 1820 0000 6844 1178

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Cheryl McCambridge

C. Date of Delivery

7-11

D. Is delivery address different from item 1?

If YES, enter delivery address below: ☐ Yes ☒ No

3. Service Type

- ☐ Certified Mail®
- ☐ Registered
- ☐ Insured Mail
- ☐ Priority Mail Express™
- ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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 and Melinda Padgett
PO Box 232
Markleville, IN 46056



9590 9403 0976 5223 3170 11

2. Article Number (Transfer from service label)

7018 0680 0002 1024 3851

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Melinda Padgett

C. Date of Delivery

7-12-19

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

(over 500)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stanley M & Lyla S Peterman
4284 W County Road 100 S
New Castle, IN 47362

2. Article Number

7014 1820 0000 6844 1253

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Stanley M Peterman*☐ Agent☒ Addressee

B. Received by (Printed Name)

Sue Peterman

C. Date of Delivery

7/12/19

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Betsy and Dean Reason
838 S Shirley Rd
Shirley, IN 47384

2. Article
(Trans.)

7009 1680 0001 9181 1567

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dean Reason*☐ Agent☒ Addressee

B. Received by (Printed Name)

Dean Reason

C. Date of Delivery

07-12-19

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anthony D Reese
5701 E County Road 150 S
Greensburg, IN 47240

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Anthony Reese*☐ Agent☒ Addressee

B. Received by (Printed Name)

Anthony Reese

C. Date of Delivery

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number
7018 0680 0002 1024 2793

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Andrew Moore and Kelsey Riggs
3549 N County Road 125 W
New Castle, IN 47362

2. Article Number

7018 0680 0002 1024 2786

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/11/13

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brad and Sarah Morehouse
2225 W County Road 300 N
New Castle, IN 47362

2. Article

(Trans)

7018 0680 0002 1024 3158

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/11/13

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anthony L & Debra A Roach
7337 N Orchard Dr
Springport, IN 47386

2. Article Number


7017 2620 0000 3759 0162

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-12-13

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:
Lisa and Taylor Scott
9765 W Central Ave
Shirley, IN 47384



9590 9403 0728 5196 5654 14

2. Article Number (Transfer from service label)

7014 1820 0000 6843 9816

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Scott E. Taylor* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Scott Taylor

C. Date of Delivery

7-11-19

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™
☐ Signature Confirmation Restricted Delivery

Mail
Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shenandoah School Corporation
5100 N Raider Rd
Middletown, IN 47356

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lanna Colwell* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Lanna Colwell

C. Date of Delivery

7-11-19

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Transfer from service label)

7014 1820 0000 6844 1239

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bob and Susan Seybert
1680 Grant City Rd
Shirley, IN 47384

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kelly Seybert* ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Kelly Seybert

C. Date of Delivery

07-13-19

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Transfer from service label)

7018 0680 0002 1024 3189

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Barbara and James Smith
4808 W State Road 234
New Castle, IN 47362

2. Article
(Transfer from service label)

7017 2620 0000 3759 2562

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Susan Smith

C. Date of Delivery

7-11-19

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

Martha Smith
5551 N Raider Rd
Middletown, IN 47356



9590 9403 0728 5196 5652 54

2. Article Number (Transfer from service label)

7014 1820 0000 6843 9458

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

STAN SMITH

C. Date of Delivery

7/11/11

- 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. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State of Indiana
32 S Broadway St
Greenfield, IN 46140

2. Article
(Transfer from service label)

7014 1820 0000 6844 1277

PS Form 3811, July 2013

Domestic Return Receipt

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

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Brad Geneva Stewart
5333 N County Road 700 W
Middletown, IN 47356

2. Article
(Transit)

7018 0680 0002 1024 3141

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Geneva Stewart ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Geneva Stewart

C. Date of Delivery

7-11-19

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Katy Suman Rev. Trust Agreement
PO Box 241
Mount Summit, IN 47361



9590 9402 5009 9063 5928 91

7009 1680 0001 9181 1642

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Katy Suman ☐ 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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Barbara Swift
2501 N County Road 500 W
Middletown, IN 47356

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Barbara Swift ☐ Agent
☐ Addressee

B. Received by (Printed Name)

BARBARA SWIFT

C. Date of Delivery

7-12-19

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

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article
(Transit)

7017 2620 0000 3759 2579

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William Thomas
5439 W State Road 38
New Castle, IN 47362

2. Article Number (Transit)

7014 1820 0000 6843 9038

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Thomas

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

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bea Tyler
6990 W County Road 275 N
New Castle, IN 47362

2. Article Number (Transit)

7009 1680 0001 9181 1536

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Cox

☐ Agent☐ Addressee

B. Received by (Printed Name)

J Cox

C. Date of Delivery

7-11

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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 Tyler
3604 N County Road 125 W
New Castle, IN 47362



9590 9403 0673 5196 2772 19

2.

7014 1820 0000 6844 1321

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Mitchell Tyler

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/11/19

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☐ Mail Restricted Delivery

(over \$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. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William R & Kathy M Van Alst
5319 W County Road 200 N
New Castle, IN 47362

2. Article Number

(Transfer from service label)

7014 1820 0000 6844 1383

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kathy Van Alst* ☐ 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

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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 Lee Wagner
8660 W US Highway 36
Middletown, IN 47356



9590 9403 0728 5196 5655 37

2. Article Number (Transfer from service label)

7014 1820 0000 6843 9731

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Larry Wagner* ☐ 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

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:

Robert, Catherine and Dan Watkins
4438 N County Road 850 W
Middletown, IN 47356



9590 9403 0673 5196 2772 26

2. Article Number (Transfer from service label)

7014 1820 0000 6844 1314

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mam Watkins* ☐ 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

all 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:

Lona June Wilson
1496 E Jordan Dr
New Castle, IN 47362



9590 9403 0728 5196 5653 91

2. Article Number (Transfer from service label)

7014 1820 0000 6843 9793

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Lona June Wilson ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ YesIf 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 |

CERTIFIED MAIL

BINGHAM
GREENEBAUM
DOLL LLP
BGD

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204



7017 2620 0000 3759 2555

Barbara Addison
6612 W US Highway 36
Middletown, IN 47356

DeLury



U.S. POSTAGE® PITNEY BOWES
ZIP 46226 \$ 006.80°
02 1W
0001394667 JUL 09 2019

NAME D. M. L.
1st Notified
2nd Notice
Return _____

NIXIE 462 DE 1

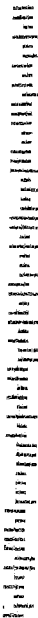
0007/13/19

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

4706639785 PM
46204-2982

BC: 46204298275

*0312-03803-10-00



CERTIFIED MAIL

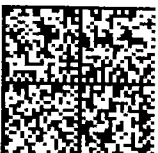
BINGHAM
GREENEBAUM
DOLL LLP
BGD

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204



7018 0680 0002 1024 4278

James and Rhonda Stokes
2405 N State Road 3
New Castle, IN 47362



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ZIP 46226 \$ 006.80°
02 1W
0001379484 JUL 09 2019

NIXIE 462 DE 1

0007/13/19

RETURN TO SENDER
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UNABLE TO FORWARD

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46204-2982

BC: 46204298275

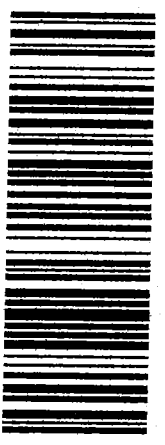
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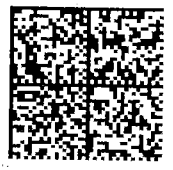
BINGHAM
GREENEBAUM
DOLL LLP

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204



7014 1820 0000 6843 9025

Stephen A. Malloy
3270 N County Road 300 W
New Castle, IN 47362



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ZIP 46226 \$006.80⁰
02 1W
0001379484 JUL 09 2019

Refused

NIXIE 462 DE 1 0007/13/19

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UNABLE TO FORWARD

4736288888 BC: 46204298275 *0312-01270-10-00
462042982

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Indianapolis, IN 46204



7014 1820 0000 6843 8925



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ZIP 46226 \$006.80⁰
02 1W
0001379484 JUL 09 2019

Town Of Cadiz
5181 W State Road 38
New Castle, IN 47362

NIXIE 462 DE 1 0007/13/19

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

4736288888 BC: 46204298275 *0312-01493-10-00
462042982

9400921585194401

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GREENEBAUM
DOLL **BGD** LLP

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204



7018 0680 0002 1024 4056

Gerald L & Sandra S Boling
5375 W County Road 200 N
New Castle, IN 47362



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ZIP 46226 \$ 006.80⁰
02 1W
0001379484 JUL 09 2019

Refused

NIXIE

462 DE 1

0007/13/19

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

4700001 REF
46204>2982

BC: 46204298275

*0312-01296-10-00

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DOLL **BGD** LLP

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204

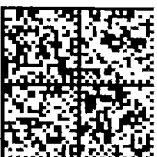


7014 1820 0000 6843 9700

Lavonda and Michael Hill
5839 W US Highway 36
Middletown, IN 47356

(4)

Refused



U.S. POSTAGE PITNEY BOWES
ZIP 46226 \$ 006.80⁰
02 1W
0001379484 JUL 09 2019

NAME DM
1st Notice 2-11-19
2nd Notice _____
Return _____

NIXIE

462 DE 1

0007/13/19

RETURN TO SENDER
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UNABLE TO FORWARD

4700001 REF
46204>2982

BC: 46204298275

*0312-01141-10-00

9400921585194401

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Indianapolis, IN 46204



7018 0680 0002 1024 2724



U.S. POSTAGE® PITNEY BOWES
ZIP 46226 \$ 006.80°
02 1W
0001394667 JUL 09 2019

Alex Harter
5670 W County Road 600 N
Middletown, IN 47356

462 NFE 1 61810007/10/19
FORWARD TIME EXP RTN TO SEND
HARTER ALEX LEE
4961 FOUNDERS CT
ANDERSON IN 46017-9690

4786689746 PO
46204>2982



RETURN TO SENDER

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DOLL LLP **BGD**

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204



7018 0680 0002 1024 2762



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02 1W
0001394667 JUL 09 2019

Amy Leigh Oakes
935 W Vine St
Albany, IN 47320

462 NFE 1 61810007/10/19
FORWARD TIME EXP RTN TO SEND
OAKES
1752 N COUNTY ROAD 300 W
NEW CASTLE IN 47362-9147

4732081526 000
46204>2982



RETURN TO SENDER

BINGHAM
GREENEBAUM
DOLL LLP

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204



7014 1820 0000 6843 9595

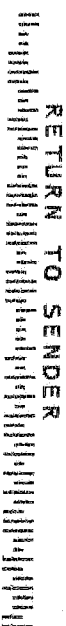
Norman and Douglas Davis
7538 W US Highway 36
Middletown, IN 47356



U.S. POSTAGE PITNEY BOWES
ZIP 46226 \$ 006.80⁰
02 1W
0001379484 JUL 09 2019

462 NFE 1 31810007/10/19
FORWARD TIME EXP RTN TO SEND
DAVIS
5173 N RAIDER RD
MIDDLETOWN IN 47356-9797

46204>2982



RETURN TO SENDER

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2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204

7018 0680 0002 1024 4438

Jennifer Peters and Susan Watson
5080 N Mechanicsburg Rd
Middletown, IN 47356

462 NFE 1 11910007/10/19
RETURN TO SENDER

PETERS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER
BC: 46204298275
0312-01323-10-00

46204>2982

BINGHAM
GREENEBAUM
DOLL **BGD** LLP

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204



7018 0680 0002 1024 3417

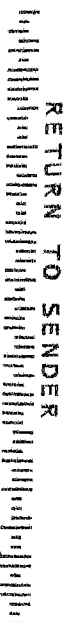


U.S. POSTAGE
ZIP 46226 \$006.80⁰
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Charlie Cox, Jr.
1210 W County Road 300 N
New Castle, IN 47362

462 NEE 1 11810007/10/19
FORWARD TIME EXP RTN TO SEND
COX
11130 1ST ST E APT 1
TREASURE IS FL 33706-4674

4736298275
46204>2982



RETURN TO SENDER

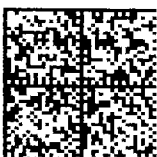
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GREENEBAUM
DOLL **BGD** LLP

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Indianapolis, IN 46204



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U.S. POSTAGE
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Iris F Czup
1062 N Mill St
New Castle, IN 47362

IFX

NIXIE 462 FE 1 0007/13/19

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

4736298275

BC: 46204298275 *0312-01125-10-00

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Indianapolis, IN 46204



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U.S. POSTAGE® PITNEY BOWES
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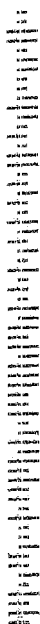
John & Thom Reddington Trustees
7841 W County Road 575 N
Middletown, IN 47356

NAME _____
1st Notice _____
2nd Notice _____
Return _____

NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF BC: 46204298275

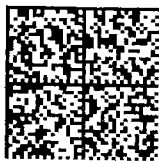
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DOLL **BGD** LLP

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204

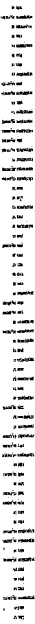
Frank Twilley Jr.
8199 W County Road 400 N
Middletown, IN 47356

NAME _____
1st Notice _____
2nd Notice _____
Return _____

NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

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*0312-01430-10-00



NIXIE

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2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204



7015 0540 0001 0510 8467



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02 1W
0001379484 JUL 09 2019

POE
Murrell D Loveless
2630 Brown St
New Castle, IN 47362

NIXIE 462 FE 1 0007/13/19

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
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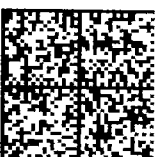
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DOLL **BGD** LLP

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204



7014 1820 0000 5843 9587



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0001379484 JUL 09 2019

HL
Lester and Ragina Cole
3276 N Sulphur Springs Rd
New Castle, IN 47362

NIXIE 462 FE 1 0007/13/19

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UNABLE TO FORWARD

UTF BC: 46204298275 *0312-01139-10-00
46204298275

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GREENEBAUM
DOLL **BGD** LLP

2700 Market Tower, 10 West Market Street
Indianapolis, IN 46204

[Handwritten signature]



7014 1820 0000 6843 9014

Warren and Brenda Dunn
1754 W County Road 300 N
New Castle, IN 47362

[Handwritten signature]



U.S. POSTAGE® PITNEY BOWES
ZIP 46226 \$ 006.80⁰
02 1W
0001379484 JUL 09 2019

NIXIE 462 DE 1 0007/13/19

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC 8C: 46204298275 *0312-01471-10-00
4736204298275