SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature A. Agen Address B. Received by (Printeg-Name) C. Date of De
Attach this card to the back of the mailpiece, or on the front if space permits.	Tammie to
Article Addressed to: Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Ag One Coop Inc PO Box 516 Pichmand IN 47375	# 111 11 000
Richmond, IN 47375	JUL 11 2019
	☐ Registered C D ☐ Return Receipt for Merchal ☐ Insured Mail ☐ Collect on Delivery
² 7018 0680 0002 1024 27	4. Restricted Delivery? (Extra Fee) ☐ Yes
DO F 0044 11 200	eturn Receipt
Dollestic N	etum necelpt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1? ☐ Yes
1. Article Addressed to:	If YES, enter delivery address below:
B EZ Properties LLC 2518 E 6th St Anderson, IN 46012	
	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Mercha ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article 7017 2620 0000 375	
(Trans	
(Trans TULLY EBED DUDU 375	59 2548
PS Form 3811, July 2013 Domestic 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X Black Age
PS Form 3811, July 2013 Domestic I 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X Black Age
PS Form 3811, July 2013 Domestic 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,	COMPLETE THIS SECTION ON DELIVERY A. Signature X
PS Form 3811, July 2013 Domestic I 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	COMPLETE THIS SECTION ON DELIVERY A. Signature X

SENDED, COMPLETE TURO STORY	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse	Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	ALVINK CONTENT 2/11/19
Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below:
Alvin & Barbara Carter	
3017 Country Estates Dr	<u> </u>
New Castle, IN 47362	
·	3. Service Type
	☐ Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2 Article Mumber	
7019 0690 0005 7054 524	+ ₿
PS Form 3811, July 2013 Domestic Re	eturn Receipt
and the same of th	The second of th
CENDED, COMPLETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
■ Print your name and address on the reverse	X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C Date of Delivery
or on the front if space permits.	1/-11-19
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below:
Gerald and Teresa Cline	
3330 E Hardacre Ct New Castie, IN 47362	
New Gastie, IN 47 502	
	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. Artic 7018 0680 0002 1024	4087
(Train-	1001
PS Form 3811, July 2013 Domestic Re	eturn Receipt
	e e e e e e e e e e e e e e e e e e e
181.0 S. 1919. 236 no	1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X (Wish Bon & DAddressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	By Received by (Printed) Name) C. Date of Delivery
or on the front if space permits.	11/ 'hristy Corper 7-11-19
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
Fredrick & Christy Cooper 1364 S Grant City Rd	If YES, enter delivery address below: 1 No
Shirley, IN 47384	· .
Similery, 114 47 55 7	
J	
# 	3. Service Type
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Registered Mail Restricted
9590 9403 0976 5223 3171 65	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for
	☐ Collect on Delivery Merchandise
2 Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation

	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
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	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 Merchand ☐ Insured Mail ☐ Collect on Delivery
2. Article 7009 1680 0001 9183	4. Restricted Delivery? (Extra Fee) ☐ Yes 1. 1574
PS Form 3811, July 2013 Domestic Re	eturn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Patty D. Crabtive Address
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliv
or on the front if space permits.	D. Is delivery address different from item 1? Yes
1. Article Addressed to: Bobby Crabtree 8127 W County Road 400 N Middletown, IN 47356	If YES, enter delivery address below: ☐ No
	3. Service Type
<u> </u>	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchand
	☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2.4 7018 0680 0002 1024 3	
PS Form 3811, July 2013 Domestic Re	eturn Receipt
•	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY A. Signature
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
 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, 	A. Signature
 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. 	A. Signature X Belly R - Crease Address B. Received by (Printed Name) C. Date of Deliv 7-12-10 D. Is delivery address different from item 1? Yes
 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. 	A. Signature X Belly R - Creaser Address B. Received by (Printed Name) C. Date of Deliv 7-12-10
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Betty Creason 4531 E State Road 38 	A. Signature X B. T. Crease Agent Address B. Received by (Printed Name) C. Date of Deliv 7-12-10 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Betty Creason 4531 E State Road 38 	A. Signature X Belly R - Crease Address B. Received by (Printed Name) C. Date of Deliv 7-12-10 D. Is delivery address different from item 1? Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Warthe Com
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliv
or on the front if space permits.	D. Is delivery address different from item 1? Yes
Article Addressed to: William D & Martha Cummings 1685 W County Road 200 N New Castle, IN 47362	If YES, enter delivery address below:
· · · · · · · · · · · · · · · · · · ·	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Artic 7014 1820 0000 6844 1	1406
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
■ Print your name and address on the reverse so that we can return the card to you.	Addres Li Addres
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Deliv
Article Addressed to:	D. Is delivery address different from item 1?
A-blandar Britania	
Ashley and Nathan Fall 824 W County Road 300 N	
New Castle, IN 47362	
	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee) Yes
2620 0000 3759 0193)
7017 2620 0000 3759 0193 PS Form 3811, July 2013 Domestic Ret	3
·	3
·	3
PS Form 3811, July 2013 Domestic Ret SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY A. Signature
PS Form 3811, July 2013 Domestic Ret SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY A. Signature
PS Form 3811, July 2013 Domestic Ret 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,	COMPLETE THIS SECTION ON DELIVERY A. Signature X Address
PS Form 3811, July 2013 Domestic Ret 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X
PS Form 3811, July 2013 Domestic Ret 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,	COMPLETE THIS SECTION ON DELIVERY A. Signature X PReceived by (Printed Name) C. Date of Delivery C. Date of Delivery
PS Form 3811, July 2013 Domestic Ret 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.	COMPLETE THIS SECTION ON DELIVERY A. Signature X
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. Article Addressed to: Beau Fulk 3306 N Mechanicsburg Road	A. Signature Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: 3. Service Type Certified Mail® Registered Return Receipt for Merchand
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. Article Addressed to: Beau Fulk 3306 N Mechanicsburg Road	A. Signature Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: 3. Service Type COMPLETE THIS SECTION ON DELIVERY A. Signature C. Date of Delivery address below: No

SENDER: COMPLETE THIS SECTION	COMPLETE THE SECTION ON DELIVERY
	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
 Print your name and address on the reverse so that we can return the card to you. 	Gennish Barle Addressee
Attach this card to the back of the mallpiece.	B. Heceived by (Printed Name) C. Date of Delivery
or on the front if space permits.	X JONNIET BOUNT 7-11-19
Article Addressed to: G N Casey Farms Inc	D. Is delivery address different from item 1? If YES, enter delivery address below:
1224 N Manchester Dr	If YES, enter delivery address below:
Greenfield, IN 46140	*
. ^	
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
9590 9403 0976 5223 3171 41	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Delivery
	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7019 0680 0002 1024 397	lail Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
	and the second of the second o
TO SECTION AND SECTION ASSESSMENT	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Signature
Print your name and address on the reverse	X Koler Klufter Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Karen Griffin 107-13-19
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
William L & Karen Griffin Rev Lt	in 123, enter delivery address below:
134 S Mechanicsburg Rd	
Shirley, IN 47384	
	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 Ni (Transfer 7014 1820 0000 684	4 1390
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540
y= :	102333-02-181-1340
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted pellyen is de ired. ■ Print your name and address on the reverse	X Linda Harris DAddressee
so that we can return the card to you.	B. Received by (Printer Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Lima Harris 7-11-19
Article Addressed to:	D. Is delivery address different from item 1?
Robert R & Linda K Harris	If YES, enter delivery address below: ☐ No
6110 W County Road 100 S	
Shirley, IN 47384	
	<u></u>
	3. Service Type ☐ Certified Mail ☐ Express Mail
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Artic 7014 1820 0000 6844 1	1376

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X Daniel B
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.	B. Received by (Printed Name) C. Date
1. Article Addressed to:	D. Is delivery address different from item 1?
Ronald and Barbara Harris	If YES, enter delivery address below:
6871 W State Road 234	1 77
New Castle, IN 47362	
, , , , , , , , , , , , , , , , , , , ,	
	1 50 5 100
	3. Service Type ☐ Priority Mail E☐ Adult Signature ☐ Registered M
9590 9402 5009 9063 5927 09	☐ Adult Signature Restricted Delivery ☐ Registered M☐ Certified Mail® ☐ Delivery
0000 0102 0000 0000 0027 00	☐ Certified Mail Restricted Delivery ☐ Return Receipt Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Col☐ Insured Mail
7015 0640 0001 0610 8351	nsured Mail Restricted Delivery Restricted De (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	IX Lind - House I
so that we can return the card to you.	B) Desired by (Digital Mary)
Attach this card to the back of the mailpiece, or on the front if space permits.	B.) Received by (Printled Name) C. Date of Tolk
Article Addressed to:	D. Is delivery address different from item 1?
Robert R Harris	If YES, enter delivery address below:
	11
6110 W County Road 100 S	
Shirley, IN 47384	
	3. Service Type
	☐ Certified Mail ☐ Express Mail
	Registered Return Receipt for Me
	☐ Insured Mail ☐ C.O.D.
2. Ar	4. Restricted Delivery? (Extra Fee)
^{2. An} 7014 1820 0000 6844	7364
PS Form 3811, February 2004 Domestic F	leturn Receipt 102598
Linear Contract Contr	
and the second s	COMPLETE THIS SECTION ON DELIVERY
ENDER: COMPLETE THIS SECTION	
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Relia E. Haynes Ad
so that we can return the card to you.	B. Received by (Printed Name) C. Date of
Attach this card to the back of the mailpiece,	1 R F H 7113
or on the front if space permits.	D. Is delivery address different from item 1?
. Article Addressed to:	If YES, enter delivery address below:
Robert and Reba Haynes	[]
5432 W County Road 300 N	
5432 W County Road 300 N	
	3. Service Type
	☐ Certified Mail ☐ Express Mail
•	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Mere
5432 W County Road 300 N Middletown, IN 47356	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Mere

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or an the front if appear pormits. 	A. Signature X
or on the front if space permits. 1. Article Addressed to: Ashley and Elijah Haynes 3358 N State Road 3 New Castle, IN 47362	D. Is delivery address different from item 1?
	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 Re	eturn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Robert L. Hensley 	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
8909 W County Road 300 N Shirley, IN 47384	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article Nui 7071, 7070 0000 1000	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer fi 7014 1820 0000 68	44 1079
PS Form 3811, July 2013 Domestic Re	turn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?
1. Article Addressed to: Betty Houser Living Trust 410 N Hardacre Ct New Castle, IN 47362	If YES, enter delivery address below:
) 	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
0.00	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Ar 7009 1680 0001 9181 1	.598

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 	A. Signature X Agent Addressee B. Received by Printed Name C. Date of Delivery C. Date of Delivery D. Is delivery address different from Item 1? If YES, enter delivery address below:
9590 9402 4108 8092 7961 81 7014 1820 0000 6843 95	all Hestricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
	The second secon
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Jeffrey and Tamara Jacobi W County Road 400 N New Castle, IN 47362 	A. Signature X
	3. Service Type ☐ Certified Mail ☐ Priority Mail Express™ ☐ Registered ☐ Refurn Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Ar 7018 0680 0002 1024	4469
PS Form 3811, July 2013 Domestic Re	eturn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Darrin and Angela Kirk N Raider Rd 	A. Signature X
Middletown, IN 47356 9590 9403 0976 5223 3169 22	3. Service Type ☐ Priority Mall Express®☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Registered Mail®☐ Priority Mall Express®☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Return Receipt for
2 Article Number (Transfer from service label). 7018 0680 0002 1024 376	□ Collect on Delivery Merchandise □ Collect on Delivery Restricted Delivery Signature Confirmation™ □ ail □ Signature Confirmation
·	ail Restricted Delivery Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	1 1-9
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Michael J Kramer 137 N County Road 500 W	11 120,0110 051101, 022100 20011
New Castle, IN 47362	
ta i	
)	3. Service Type ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9403 0728 5196 5652 85	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ ☐ Collect on Delivery Restricted Delivery ☐ ☐ Signature Confirmation™
	Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt
्राज्य स्ट्राप्टर-स्ट्राप्ट	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Malle Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Willie and Lillian Lowe	
1606 N County Road 525 W	
New Castle, IN 47362	
	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
-	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. 7014 1820 0000 6843 9	045
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
en ek er en en en ek en	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Signature, ☐ Agent
Print your name and address on the reverse	X gulta Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	1 200 10 101 101 110
Article Addressed to:	D. Is delivery address d ifferent from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Zeb Margison Properties LLC	Ц,
4986 W State Road 38 New Castle, IN 47362	
Gastie, IN 4/362	3. Service Type
	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Ar 7014 1.A20 0000 1.843	<u> </u>
2. Ai 7014 1820 0000 6843	7067

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X ///xx Lin D'Addressed
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Address & Diana J Masters 538 S State Road 234	Is delivery address different from item 1? If YES, enter delivery address below: ☐ No.
Ghirley, IN 47384	
9590 9402 4108 8092 8068 42	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Return Receipt for
?	□ Collect on Delivery □ □ Collect on Delivery Restricted Delivery □ □ Collect on Delivery Restricted Delivery □ □ 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. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Agent Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
Scott and Cheryl McCambridge 161 S County Road 400 W New Castle, IN 47362	
New Castle, III 47302	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. 7014 1820 0000 6844 11	78
PS Form 3811, July 2013 Domestic R	eturn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.Print your name and address on the reverse	A. Signature
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	7-12-19
Article Addressed to: David and Melinda Padgett	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
PO Box 232 Markleville, IN 46056	[
Markieville, IN 40030	
#	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
9590 9403 0976 5223 3170 11	☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery
2 Article Number Gransfer from service labell 7018 0680 0002 1024 38	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X. A. Quent Addresser
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.	B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
1, Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Stanley M & Lyla S Peterman 4284 W County Road 100 S	
New Castle, IN 47362	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
\NT4 TOCO OPPR TA	53
PS Form 3811, July 2013 Domestic Ret	turn Receipt
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Dean Pean Dagent Addressee
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.	B. Received by (Printed Name) C. Date of Delivery Reason 17-12-19
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Betsy and Dean Reason 838 S Shirley Rd Shirley, IN 47384	
	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article 7009 1680 0001 9181	1567
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 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. 	B. Received by (Printed Hame) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
Anthony D Reese	2019
5701 E County Road 150 S \ \ \ 1	
Anthony D Reese 5701 E County Road 150 S Greensburg, IN 47240	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Retarn Receipt for Merchandise
5701 E County Road 150 S Greensburg, IN 47240	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™

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or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
1. Althois Addicasco to.	If YES, enter delivery address below: -년 No
Andrew Moore and Kelsey Riggs 3549 N County Road 125 W New Castle, IN 47362	
	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 7018 0680 0002 1024 2781	
PS Form 3811, July 2013 Domestic Ret	turn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ Yo
Brad and Sarah Morehouse 2225 W County Road 300 N New Castle, IN 47362	
<u> </u>	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
2. Article 7018 0680 0002 1024	4. Restricted Delivery? (Extra Fee)
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1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Anthony L & Debra A Roach 7337 N Orchard Dr Springport, IN 47386	
	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2 Article Number 7017 2620 0000 3759 016	2

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Stoff e Tarla Addressee
 Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Scott Taylor 7-11-17
1. Article Addressed to: Lisa and Taylor Scott	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ Ne
9765 W Central Ave	
Shirley, IN 47384	
	3. Service Type ☐ Priority Mall Express®
DI MANDEMA AMBERIMITE TO THE RELIGIOUS FRANCE TO BE MEDIAL	☐ Adult Signature ☐ Registered Maji™ ☐ Registered Maji™ ☐ Registered Maji™ ☐ Registered Maji Restricted Delivery ☐ Certified Maji® Delivery
9590 9403 0728 5196 5654 14	☐ Certified Mail Restricted Delivery: ☐ Return Receipt for ☐ Collect on Delivery ☐ Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
7014 1820,0000 6843 981	hall Restricted Delivery Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	X barrer Celed Agent Addressee
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	LANNA COLWEL 7-11-19
Article Addressed to:	D. Is delivery address different from item 1? Yes
1. Atticle Addressed to.	If YES, enter delivery address below: ☐ No
Channel Composition	
Shenandoah School Corporation 5100 N Raider Rd	
Middletown, IN 47356	
	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Retirn Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
O. A. S. Niverine	4. Restricted Delivery? (Extra Fee) Yes
2. A) N 7014 1820 0000 6844 1	239
PS Form 3811, July 2013 Domestic Re	turn Receipt
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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■ Print your name and address on the reverse	X Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by Printed Name) C. Date of Delivery
or on the front if space permits.	D is delivery address different from item 1? Yes
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Bob and Susan Seybert	
1680 Grant City Rd Shirley, IN 47384	•.
Offinitely, the 47 June	
	3. Service Type
	☐ Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
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(Transfer f	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature. X ☐ Agent ☐ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery 7 - 11 - 1 9
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Barbara and James Smith 4808 W State Road 234 New Castle, IN 47362	
	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article 7017 2620 0000 375 (Transf	9 2562
PS Form 3811, July 2013 Domestic Ref	turn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery STON SM 1 TY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Article Addressed to: Martha Smith	D. Is delivery address different from item 1?
5551 N Raider Rd Middietown, IN 47356	
9590 9403 0728 5196 5652 54	3. Service Type
2 Article Number (Transfer from service label) 7014 1820 0000 6843 945	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Agent Addressee
 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. 	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
7. Altiolo Addiessed to.	
State of Indiana 32 S Broadway St	
State of Indiana	3. Service Type
State of Indiana 32 S Broadway St	3. Service Type ☐ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

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 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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery Presa Ferral 19 D. is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:
Brad Geneva Stewart 5333 N County Road 700 W Middletown, IN 47356	
·	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. Articl 7018 0680 0002 1024 (Tran	3141
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■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Phinted Name) C. Date of Delivery
Article Addressed to: Kala Suman Rev. Trust Agreement POBox 241	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Mount Summit, IN 47361	40.
9590 9402 5009 9063 5928 91	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ It collect on Delivery Restricted Delivery
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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Barbara Swift 2501 N County Road:500 W Middletown, IN 47356	
	3. Service Type
	□ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) Yes
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1. Article Addressed to:	B. is delivery address american near the	∃ Yes ∃ No
William Thomas 5439 W State Road 38 New Castle, IN 47362		
10000, 114 47 302	3. Service Type Certified Mail Express Mail Registered Return Receipt for	Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	☐ Yes
7014 1820 0000 6843	1038	PICE:
PS Form 3811, February 2004 Domestic R	eturn Receipt 102	:595-02-M-1540
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1. Article Addressed to:		⊒ Yes ⊒ No
Bea Tyler 6990 W County Road 275 N New Castle, IN 47362		
: : : : : : : : : : : : : : : : : : : :	3. Service Type Certified Mail® Priority Mail Expres Registered Return Receipt for Insured Mail Collect on Delivery	
	<u> </u>	☐ Yes
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or on the front if space permits. 1. Article Addressed to: Robert Tyler 3604 N County Road 125 W	II be to do to if and a control of the control of t	_ ' ' [
New Castle, IN 47362		• .
9590 9403 0673 5196 2772 19	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Return Re	d Mail™ d Mail Restricte ceipt for
2 7014 1820 0000 6844 1321	☐ Collect on Delivery Restricted Delivery ☐ Signature ☐ Signature	ise Confirmation™ Confirmation I Delivery

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 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. 	A. Signature X
1. Article Addressed to: William R & Kathy M Van Alst 5319 W County Road 200 N New Castle, IN 47362	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Numbe 7014 1820 0000 6	
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or on the front if space permits. 1. Article Addressed to: Larry Lee Wagner 8660 W US Highway 36 Middletown, IN 47356	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9403 0728 5196 5655 37	3. Service Type
2. Article Number (Transfer from service label) 7014 1820 0000 6843 9	□ Collect on Delivery Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery □ Signature Confirmation Restricted Delivery
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 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Robert, Catherine and Dan Watkins 	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:
4438 N County Road 850 W Middletown, IN 47356	3. Service Type ☐ Priority Mall Express® ☐ Adult Signature ☐ Registered Mall™
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1. Article Addressed to: Lona June Wilson 1496 E Jordan Dr New Castle, IN 47362	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9403 0728 5196 5653 91	3. Service Type
2. Article Number (Transfer from service label) 7014 1820 0000 6843 97	☐ Collect on Delivery Restricted Delivery Gall
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Indianapolis, IN 46204 2700 Market Tower, 10 West Market Street





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

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2700 Market Tower, 10 West Market Street

Indianapolis, IN 46204



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

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BINGHAM GREENEBAUM **DOLL** BGD

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





U.S. POSTAGE >> PITNEY BOWES

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

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GREENEBAUM BINGHAM **DOLL** BGD

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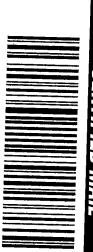
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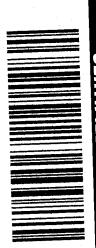
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