

RECEIVED SERVICE: 8/26/2024

DEFENDANT: HENRY EDWARD HILDEBRAND III



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 10.40 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
HENRY E HILDEBRAND			
Tracking #: 70203160000230014803			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0683 98			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Nashville, TN 37205

**OFFICIAL USE**

Certified Mail Fee \$11.10

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$12.75

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$10.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

Postmark Here  
AUG 24 2024  
LINDEN, MI 48451

**HENRY HILDEBRAND III**

NASHVILLE, TN 37205

7020 3160 0002 3001 4803

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE.**

FENTON  
 210 S LEROY ST  
 FENTON, MI 48430-9998  
 (800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.90 oz			
Expected Delivery Date Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name CHARLES M WALKER			
Tracking #: 70203160000230014889			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0681 83			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 314260  
 Transaction #: 188  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 253200-0431  
 Receipt #: 840-54930020-3-6269723-1  
 Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

Nashville, TN 37215

Official Use

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$4.10

Return Receipt (electronic) \$1.75

Certified Mail Restricted Delivery \$10.00

Adult Signature Required \$4.00

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark Here  
 08/24/2024

**CHARLES M. WALKER**  
 [REDACTED]  
 NASHVILLE, TN 37215-[REDACTED]

USPS TRACKING #  
 NASHVILLE TN 370  
 20 AUG 2024 PM 12 L

9590 9402 8627 3244 0681 83

United States Postal Service

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

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

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

"Restricted Delivery" but not signed by DEFENDANT as required.

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
 Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**CHARLES M. WALKER**  
 [REDACTED]  
**NASHVILLE, TN 37215-[REDACTED]**

2. Article Number (transfer from service label)  
 7020 3160 0002 3001 4889

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 S. Walker

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  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

9590 9402 8627 3244 0681 83

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE**

FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.90 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
CHARLES M WALKER			
Tracking #:			
7020316000230014889			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0681 83			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 314260  
Transaction #: 188  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 253200-0431  
Receipt #: 840-54930020-3-6269723-1  
Clerk: 05

**U.S. Postal Service™ CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

Nashville, TN 37215

Official Use

Certified Mail Fee \$31.10

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$4.10

Return Receipt (electronic) \$1.75

Certified Mail Restricted Delivery \$10.00

Adult Signature Required \$4.00

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark Here

08/24/2024

**CHARLES M. WALKER**

NASHVILLE, TN 37215

USPS TRACKING # NASHVILLE TN 370

24 AUG 2024 PM 2 L

9590 9402 8627 3244 0681 83

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

United States Postal Service

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

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

"Restricted Delivery" but not signed by DEFENDANT as required.

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CHARLES M. WALKER**

NASHVILLE, TN 37215

9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label)  
7020 3160 0002 3001 4889

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Juliana Walker*  Agent  Addressee

B. Received by (Printed Name)  
Sneena Walker

C. Date of Delivery

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Collect on Delivery Restricted Delivery

Insured Mail  Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

DEFENDANT: SAMUEL F. ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
70203160000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
 Account #: XXXXXX XXXX8359  
 Approval #: 904295  
 Transaction #: 184  
 AID: A000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-3-6753228-2  
 Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

Nashville, TN 37215

Certified Mail Fee \$14.25

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$10.00

Return Receipt (electronic) \$1.75

Certified Mail Restricted Delivery \$10.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark: AUG 24 2024

**SAMUEL F. ANDERSON**

NASHVILLE, TN 37215

**THIS SECTION**

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

1. Article Addressed to:

**SAMUEL F. ANDERSON**

NASHVILLE, TN 37215



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 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

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

3. Service Type

- Adult Signature  Priority Mail Express®
- Adult Signature Restricted Delivery  Registered Mail™
- Certified Mail®  Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery  Signature Confirmation™
- Collect on Delivery  Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery  Insured Mail
- Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

DEFENDANT: SAMUEL F. ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
70203160000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

Nashville, TN 37215

7020 3160 0002 3001 4759

Certified Mail Fee \$14.25

Extra Services & Fees (check box, add fee as appropriate)

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 10.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 1.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$ 10.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

Postage \$14.25

Total Postage and Fees \$31.10

Postmark: LINDEN, MI 48451-9998  
AUG 24 2024

**SAMUEL F. ANDERSON**  
[Redacted]  
NASHVILLE, TN 37215-[Redacted]

PS Form 3811, April 2019 PSN 7530-02-000-9053 See Reverse for Instructions

**THIS SECTION**

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

1. Article Addressed to:

**SAMUEL F. ANDERSON**

**NASHVILLE, TN 37215-[Redacted]**



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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 checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

DEFENDANT: JAMES MICHAEL HIVNER

RECEIVED SERVICE: 8/27/2024



**UNITED STATES  
POSTAL SERVICE.**

FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$16.95
Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name JAMES M HIVNER			
Tracking #: 70203160000230014834			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0683 81			
<b>Total</b>			<b>\$33.80</b>

  

<b>Grand Total:</b>	<b>\$200.20</b>
<b>Credit Card Remit</b>	<b>\$200.20</b>
Card Name: VISA Account #: XXXXXXXXXXXX8359 Approval #: 314260 Transaction #: 188 AID: A0000000031010 <span style="float: right;">Chip</span> AL: VISA CREDIT PIN: Not Required	

  

UFN: 253200-0431  
 Receipt #: 840-54930020-3-6269723-1  
 Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)™.

Memphis, TN 38133

7020 3160 0002 3001 4834

OFFICIAL USE

FENTON, MI 48431

Postmark Here

08/27/2024

Certified Mail Fee		\$4.10
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)		\$0.00
<input type="checkbox"/> Return Receipt (electronic)		\$12.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery		\$0.00
<input type="checkbox"/> Adult Signature Required		\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery		
Postage		\$16.95
<b>Total Postage and Fees</b>		<b>\$33.80</b>

JAMES MICHAEL HIVNER

BARTLETT, TN 38133-XXXXXXXXXX

See Reverse for Instructions

This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery

DEFENDANT: JAMES MICHAEL HIVNER

RECEIVED SERVICE: 8/27/2024



**UNITED STATES  
POSTAL SERVICE.**

FENTON  
 210 S LEROY ST  
 FENTON, MI 48430-9998  
 (800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$16.95
Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name JAMES M HIVNER			
Tracking #: 70203160000230014834			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0683 81			
<b>Total</b>			<b>\$33.80</b>

---

Grand Total: \$200.20

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Credit Card Remit \$200.20

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 314260  
 Transaction #: 188  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

---

UFN: 253200-0431  
 Receipt #: 840-54930020-3-6269723-1  
 Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Memphis, TN 38133

Certified Mail Fee		\$4.10
<input checked="" type="checkbox"/> Return Receipt (hardcopy)		\$0.00
<input type="checkbox"/> Return Receipt (electronic)		\$12.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery		\$0.00
<input type="checkbox"/> Adult Signature Required		\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery		
Postage		\$16.95
<b>Total Postage and Fees</b>		<b>\$33.80</b>



JAMES MICHAEL HIVNER

[REDACTED]

BARTLETT, TN 38133-[REDACTED]

PS Form 3800, April 2013 PSN 7530-02-000-9001 See reverse for instructions

This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery

DEFENDANT: ANDY DWANE BENNETT

RECEIVED SERVICE: 9/3/2024



LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ANDY D BENNETT			
Tracking #:			
→ 7020245000036715150			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 99			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 518290  
 Transaction #: 717  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-1-5531338-2  
 Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$

Postmark: LINDEN, MI 48451  
 AUG 28 2024  
 08/28/2024  
 USPS

**ANDY DWANE BENNETT**  
 [REDACTED]  
 HERMITAGE, TN 37076- [REDACTED]

7020 2450 0000 3671 5150

**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:

**ANDY DWANE BENNETT**  
 [REDACTED]  
 HERMITAGE, TN 37076- [REDACTED]



9590 9402 8627 3244 0682 99

2. Article Number (Transfer from carrier label)

7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

**A. Signature**

X

- 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

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

**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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

DEFENDANT: ANDY DWANE BENNETT

RECEIVED SERVICE: 9/3/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ANDY D BENNETT			
Tracking #:			
→ 7020245000036715150			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 99			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$  
 Postage \$14.25  
 Total Postage and Fee \$  
 \$

Postmark: AUG 28 2024  
LINDEN, MI 48451  
08/28/2024  
USPS

**ANDY DWANE BENNETT**  
[REDACTED]  
**HERMITAGE, TN 37076** [REDACTED]

7020 2450 0000 3671 5150

**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:

**ANDY DWANE BENNETT**  
[REDACTED]  
**HERMITAGE, TN 37076** [REDACTED]



9590 9402 8627 3244 0682 99

2. Article Number (Transfer from carrier label)

7020 2450 0000 3671 5150

A. Signature

X

- 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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

DEFENDANT: FRANK GOAD CLEMENT JR.

RECEIVED SERVICE: 8/30/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37205 Weight: 3 lb 11.40 oz Expected Delivery Date Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name FRANK G CLEMENT			
Tracking #:	7020245000036715167		
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0682 82			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
 Account #: XXXXXXXXXX8359  
 Approval #: 518290  
 Transaction #: 717  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-1-5531338-2  
 Clerk: 6

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$

Postmark  
 AUG 28 2024  
 LINDEN MI 48451

**FRANK GOAD CLEMENT JR.**  
 [REDACTED]  
 NASHVILLE, TN 37205- [REDACTED]

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**FRANK GOAD CLEMENT JR.**  
 [REDACTED]  
**NASHVILLE, TN 37205- [REDACTED]**



9590 9402 8627 3244 0682 82

Article Number (Transfer from reverse label)

7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- 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

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

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  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

DEFENDANT: FRANK GOAD CLEMENT JR.

RECEIVED SERVICE: 8/30/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 11.40 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
FRANK G CLEMENT			
Tracking #:			
7020245000036715167			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 82			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

LINDEN, MI 48451  
AUG 28 2024  
Postmark

USPS

**FRANK GOAD CLEMENT JR.**  
[Redacted]  
NASHVILLE, TN 37205-[Redacted]

See Reverse for Instructions

7020 2450 0000 3671 5167

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**FRANK GOAD CLEMENT JR.**

**NASHVILLE, TN 37205**



9590 9402 8627 3244 0682 82

2 Article Number (Transfer from online label)

7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

DEFENDANT: WILLIAM NEAL MCBRAYER

RECEIVED SERVICE: 8/31/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:			
7020245000036715136			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 75			
<b>Total</b>			<b>\$31.10</b>

**Grand Total:** \$303.60

**Credit Card Remit** \$303.60

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 518290  
 Transaction #: 717  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-1-5531338-2  
 Clerk: 6

**U.S. Postal Service™ CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

**OFFICIAL USE**

LINDEN, MI 48451

Postmark: AUG 28 2024

USPS

7020 2450 0000 3671 5136

WILLIAM NEAL MCBRAYER  
 BRENTWOOD, TN 37027

**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:

**WILLIAM NEAL MCBRAYER**  
 [REDACTED]  
**BRENTWOOD, TN 37027**

9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

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

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

**This USPS Return Receipt Mysteriously Disappeared It was Never Returned After The Successful Delivery**

3. Service Type  Priority Mail Express®  Registered Mail™  Adult Signature  Registered Mail Restricted Delivery  Certified Mail®  Signature Confirmation™  Certified Mail Restricted Delivery  Signature Confirmation Restricted Delivery  Collect on Delivery  Insured Mail  Collect on Delivery Restricted Delivery  Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

DEFENDANT: WILLIAM NEAL MCBRAYER

RECEIVED SERVICE: 8/31/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:			
7020245000036715136			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 75			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)\*

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark: AUG 28 2024

USPS

**WILLIAM NEAL MCBRAYER**

BRENTWOOD, TN 37027

Instructions

**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:

**WILLIAM NEAL MCBRAYER**  
[REDACTED]  
**BRENTWOOD, TN 37027** [REDACTED]



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X

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

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

DEFENDANT: TENNESSEE SUPREME COURT

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024



LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

09/10/2024 02:07 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$18.85
Knoxville, TN 37919			
Weight: 9 lb 2.2 oz			
Expected Delivery Date			
Thu 09/12/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SHARRON G LEE			
Tracking #:			
→ 7020245000036716188			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8418 3156 9888 87			
Total			\$35.70

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 310170  
 Transaction #: 818  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-1-5548566-2  
 Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$18.85

Total Postage and Fees \$

**SHARON GAIL LEE**

**KNOXVILLE, TN 37919-**

7020 2450 0000 3671 6188

LINDEN, MI 48451  
 Pollmark Here  
**SEP 10 2024**  
 09/10/2024

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:

**SHARON GAIL LEE**

**KNOXVILLE, TN 37919-**



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

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 checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

DEFENDANT: TENNESSEE SUPREME COURT

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/10/2024 02:07 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$18.85
Knoxville, TN 37919			
Weight: 9 lb 2.2 oz			
Expected Delivery Date			
Thu 09/12/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SHARRON G LEE			
Tracking #:			
→ 7020245000036716188			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8418 3156 9888 87			
Total			\$35.70

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 310170  
Transaction #: 818  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5548566-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$18.85  
Total Postage and Fees \$

**SHARON GAIL LEE**  
KNOXVILLE, TN 37919-  
7020 2450 0000 3671 6188

LINDEN, MI 48451  
Pollmark Here  
SEP 10 2024  
09/10/2024

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:

**SHARON GAIL LEE**

**KNOXVILLE, TN 37919-**



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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

Signature Confirmation™

Signature Confirmation Restricted Delivery

Domestic Return Receipt

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH

[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III

[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON

[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARLA NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]



MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS, PLLC  
110 GLANCY ST STE 109  
GOODLETTSVILLE, TN 37072-2314

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS, PLLC  
110 GLANCY ST STE 109  
GOODLETTSVILLE, TN 37072-2314

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS, PLLC  
110 GLANCY ST STE 109  
GOODLETTSVILLE, TN 37072-2314

R L MOORE  
BANKERS TITLE & ESCROW CORPORATION  
3310 WEST END AVE STE 540  
NASHVILLE, TN 37203-6802

CARL A NEUHOFF, JR.  
HOSTETTLER, NEUHOFF & DAVIS, LLC  
421 E IRIS DR STE 300  
NASHVILLE, TN 37204-3140

KATHRYN LYNN YARBROUGH  
[REDACTED]  
THOMPSONS STATION, TN 37179-[REDACTED]

ALEXANDER SERGEY KOVAL  
[REDACTED]  
NASHVILLE, TN 37211-[REDACTED]

HENRY EDWARD HILDEBRAND III  
[REDACTED]  
NASHVILLE, TN 37205-[REDACTED]

CHARLES M. WALKER  
[REDACTED]  
NASHVILLE, TN 37215-[REDACTED]

THOMAS E. ANDERSON  
[REDACTED]  
BRENTWOOD, TN 37027-[REDACTED]

RECEIVED SERVICE: 8/26/2024

DEFENDANT: MICHAEL W. BINKLEY



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/23/2024 02:51 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Franklin, TN 37069			
Weight: 3 lb 10.60 oz			
Expected Delivery Date Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name MICHAEL W BINKLEY			
Tracking #:	7020316000230014711		
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0685 03			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$31.10

Credit Card Result \$31.10

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 313215  
Transaction #: 660  
AID: A000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5521667-2  
Clerk: 6

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Franklin, TN 37069

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$12.75

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

7020 3160 0002 3001 4711

LINDEN, MI 48451  
0451  
6  
AUG 23 2024  
08/23/2024  
USPS

**MICHAEL W. BINKLEY**

FRANKLIN, TN 37069-

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 W. BINKLEY**

**FRANKLIN, TN 37069-**



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

**This USPS Return Receipt  
Mysteriously Disappeared,  
Was Never Returned Even  
After Successful Delivery.**

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

RECEIVED SERVICE: 8/26/2024

DEFENDANT: MICHAEL W. BINKLEY



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/23/2024 02:51 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Franklin, TN 37069			
Weight: 3 lb 10.60 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
MICHAEL W BINKLEY			
Tracking #:			
70203160000230014711			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0685 03			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$31.10

Credit Card Remit \$31.10

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 313215  
Transaction #: 660  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5521667-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Franklin, TN 37069

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$12.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$14.25

Total Postage and Fees \$31.10

LINDEN, MI 48451  
AUG 23 2024  
0451  
6  
Postmark  
0451  
08/23/2024  
USPS

**MICHAEL W. BINKLEY**

FRANKLIN, TN 37069-██████████

7020 3160 0002 3001 4711

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 W. BINKLEY**

**FRANKLIN, TN 37069-██████████**



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

**This USPS Return Receipt  
Mysteriously Disappeared,  
Was Never Returned Even  
After Successful Delivery.**

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 checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

RECEIVED SERVICE: 8/26/2024

DEFENDANT: ELAINE B. BEELER



LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/24/2024 11:25 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ELAINE B BEELER			
Tracking #:			
→ 70203160000230014704			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 97			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 014252  
 Transaction #: 185  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-3-6753461-2  
 Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Franklin, TN 37064

4074 100E 3000 0000 007E 0200

Certified Mail Fee	\$4.10	0451 06
Extra Services & Fees (check box, add fee as appropriate)	\$10.00	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.00	
<input type="checkbox"/> Return Receipt (electronic)	\$10.00	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$14.25	
Total Postage and Fees	\$31.10	

Sent **ELAINE B. BEELER**  
 Street [REDACTED]  
 City: **FRANKLIN, TN 37064**

Postmark Here  
**AUG 24 2024**  
 08/24/2024

PS Form 3811, April 2019 PSN 7530-02-000-9063 See reverse for instructions

USPS TRACKING#  
 NASHVILLE TN 370  
 20 AUG 2024 PM 2 L

9590 9402 8627 3244 0684 97

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

United States Postal Service

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

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

9590 9402 8627 3244 0684 97

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p><b>ELAINE B. BEELER</b>                      [REDACTED]  <b>FRANKLIN, TN 37064</b></p> <p>9590 9402 8627 3244 0684 97</p>	<p>A. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>This USPS Return Receipt Was Mysteriously Missing A Signature and Any Information About Delivery</b></p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0002 3001 4704</p>	<p>3. Service Type</p> <p><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 checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2020 PSN 7530-02-000-9063

Domestic Return Receipt

DEFENDANT: ELAINE B. BEELER

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 11:25 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ELAINE B BEELER			
Tracking #:			
7020316000230014704			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 97			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$147.60

Credit Card Remit \$147.60  
Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 014252  
Transaction #: 185  
AID: A000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753461-2  
Clerk: 06

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Franklin, TN 37064

**OFFICIAL USE**

Certified Mail Fee	\$4.10	0451
Extra Services & Fees (check box, add fee as appropriate)		06
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$1.75	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	114.25	
Total Postage and Fees	\$31.10	

Sent **ELAINE B. BEELER**  
Street [REDACTED]  
City: **FRANKLIN, TN 37064**

PS Form 3811, July 2020 PSN 7530-02-000-9063 See reverse for instructions

**USPS TRACKING#**  
NASHVILLE TN 370  
24 AUG 2024 PM 2 L

9590 9402 8627 3244 0684 97

United States Postal Service

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

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>ELAINE B. BEELER</b> [REDACTED] <b>FRANKLIN, TN 37064</b></p> <p>9590 9402 8627 3244 0684 97</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0002 3001 4704</p>	<p>A. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>This USPS Return Receipt Was Mysteriously Missing A Signature and Any Information About Delivery</b></p> <p>3. Service Type</p> <p><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 checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9063	Domestic Return Receipt

DEFENDANT: KATHRYN YARBROUGH

SECOND SERVICE ATTEMPT

RECEIVED SERVICE: 9/06/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

09/04/2024 01:45 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Thompsons Station, TN 37179			
Weight: 3 lb 12.00 oz			
Expected Delivery Date			
Fri 09/06/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
KATHRYN L YARBROUGH			
Tracking #:			
→ 7020316000230014698			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 80			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$85.40

Credit Card Remit \$85.40

Card Name: VISA  
 Account #: XXXXXX000008359  
 Approval #: 214054  
 Transaction #: 241  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-3-6764826-2  
 Clerk: 06

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Thompsons Station, TN 37179

**OFFICIAL USE**

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$12.75

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$10.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark Here  
 SEP 04 2024  
 09/04/2024

KATHRYN YARBROUGH

THOMPSONS STATION, TN 37179

PS Form 3800, April 2019 PSN 7530-02-000-9053 See Reverse for Instructions

**USPS TRACKING #**

9590 9402 8627 3244 0684 80

United States Postal Service

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

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><b>KATHRYN YARBROUGH</b></p> <p>THOMPSONS STATION, TN 37179</p> <p>9590 9402 8627 3244 0684 80</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RESTRICTED DELIVERY</b></p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0002 3001 4698</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

DEFENDANT: KATHRYN YARBROUGH

SECOND SERVICE ATTEMPT

RECEIVED SERVICE: 9/06/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/04/2024 01:45 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Thompsons Station, TN 37179			
Weight: 3 lb 12.00 oz			
Expected Delivery Date			
Fri 09/06/2024			
Insurance			\$0.00
Up to \$100.00 Included			
Restricted Del			\$12.75
Recipient name			
KATHRYN L YARBROUGH			
Tracking #:			
→ 70203160000230014698			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 80			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$85.40

Credit Card Remit \$85.40

Card Name: VISA  
Account #: XXXXXX(XXXXXX)8359  
Approval #: 214054  
Transaction #: 241  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6764826-2  
Clerk: 06

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Thompsons Station, TN 37179

7020 3160 0002 3001 4698

Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	\$19.00
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$14.25
Total Postage and Fees	\$31.10

Postmark Here  
LINDEN, MI 48451-9998  
SEP 04 2024  
09/04/2024

KATHRYN YARBROUGH  
[Redacted]  
THOMPSONS STATION, TN 37179- [Redacted]

PS Form 3811, July 2020 PSN 7530-02-000-9053 See Reverse for Instructions

**USPS TRACKING #**

9590 9402 8627 3244 0684 80

United States Postal Service

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

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>KATHRYN YARBROUGH</b> [Redacted] <b>THOMPSONS STATION, TN 37179- [Redacted]</b></p> <p>2. Article Number (Transfer from service label) <b>7020 3160 0002 3001 4698</b></p>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RESTRICTED DELIVERY</b></p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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 checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<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 checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>																

DEFENDANT: ALEXANDER S. KOVAL

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37211			
Weight: 3 lb 10.80 oz			
Expected Delivery Date Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name ALEXANDER S KOVAL			
Tracking #: 70203160000230014728			
<b>Total</b>			<b>\$27.00</b>

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 904295  
 Transaction #: 184  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-3-6753228-2  
 Clerk: 06

**U.S. Postal Service™ CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7020 3160 0002 3001 4728

Certified Mail Fee	\$0.00
Extra Services & Fees (check box, add fee as appropriate)	\$12.75
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$14.25
Total Postage and Fees	\$27.00

LINDEN, MI 48451 08/24/2024 10:51 AM  
 Postage Here  
 AUG 24 2024  
 USPS

**ALEXANDER KOVAL**  
 [REDACTED]  
 NASHVILLE, TN 37211- [REDACTED]

See reverse for instructions

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

DEFENDANT: ALEXANDER S. KOVAL

RECEIVED SERVICE: 8/26/2024



**UNITED STATES  
POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37211			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ALEXANDER S KOVAL			
Tracking #:			
70203160000230014728			
<b>Total</b>			<b>\$27.00</b>

---

**Grand Total:** \$120.30

**Credit Card Remit** \$120.30

Card Name: VISA  
 Account #: XXXXXXXXXX8359  
 Approval #: 904295  
 Transaction #: 184  
 AID: A000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

---

UFN: 255460-0451  
 Receipt #: 840-54930036-3-6753228-2  
 Clerk: 06

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee	\$0.00	0451
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$12.75	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$14.25	
Total Postage and Fees	\$27.00	

LINDEN, MI 48451

Postage Here

**AUG 24 2024**

USPS

**ALEXANDER KOVAL**

████████████████████

**NASHVILLE, TN 37211** ██████████

7020 3160 0002 3001 4728

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

DEFENDANT: HENRY EDWARD HILDEBRAND III

RECEIVED SERVICE: 8/26/2024



**UNITED STATES  
POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 10.40 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
HENRY E HILDEBRAND			
Tracking #:			
70203160000230014803			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 98			
<b>Total</b>			<b>\$31.10</b>

---

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 904295  
 Transaction #: 184  
 AID: A000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-3-6753228-2  
 Clerk: 06

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Nashville, TN 37205

**OFFICIAL USE**

Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$17.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	114.25
Total Postage and Fees	\$131.10

Postmark Here  
**AUG 24 2024**  
LINDEN, MI 48451

**HENRY HILDEBRAND III**  
[REDACTED]  
**NASHVILLE, TN 37205-**  
[REDACTED]

Post from 3/30/07, April 2018, and 1/30/2025. See reverse for instructions.

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**



DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE.**

FENTON  
 210 S LEROY ST  
 FENTON, MI 48430-9998  
 (800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.90 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
CHARLES M WALKER			
Tracking #:			
→ 70203160000230014889			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0681 83			
<b>Total</b>			<b>\$31.10</b>

---

**Grand Total:** \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 314260  
 Transaction #: 188  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

---

UFN: 253200-0431  
 Receipt #: 840-54930020-3-6269723-1  
 Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Nashville, TN 37215

**OFFICIAL USE**

Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	\$17.10
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$17.10
<input type="checkbox"/> Return Receipt (electronic)	\$17.10
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$17.10
<input type="checkbox"/> Adult Signature Required	\$17.10
<input type="checkbox"/> Adult Signature Restricted Delivery	\$17.10
Postage	\$14.25
<b>Total Postage and Fees</b>	<b>\$31.10</b>

Postmark Here

**CHARLES M. WALKER**  
 [Redacted]  
**NASHVILLE, TN 37215**

7020 3160 0002 3001 4889

USPS TRACKING #  
 NASHVILLE TN 370  
 24 AUG 2024 PM 2 L

9590 9402 8627 3244 0681 83

United States Postal Service

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

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

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

PS Form 3811, July 2020 PSN 7530-02-000-9053

"Restricted Delivery" but not signed by DEFENDANT as required.

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
 Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**CHARLES M. WALKER**  
 [Redacted]  
**NASHVILLE, TN 37215**

9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label)  
 7020 3160 0002 3001 4889

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 Sukena Walker

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  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE**

FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37215 Weight: 3 lb 10.90 oz Expected Delivery Date Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name CHARLES M WALKER			
Tracking #: → 7020316000230014889			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0681 83			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 314260  
Transaction #: 188  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 253200-0431  
Receipt #: 840-54930020-3-6269723-1  
Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

No. 0122 4889 37215

**OFFICIAL USE**

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$4.10

Return Receipt (electronic) \$1.75

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

Postmark Here

6994 700E 2000 09TE 020L

**CHARLES M. WALKER**

**NASHVILLE, TN 37215-**

USPS TRACKING #  
NASHVILLE TN 370

9590 9402 8627 3244 0681 83

United States Postal Service

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

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

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

54930020

"Restricted Delivery" but not signed by DEFENDANT as required.

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CHARLES M. WALKER**  
**NASHVILLE, TN 37215-**

9590 9402 8627 3244 0681 83

2. Article Number (Transfer from service label)  
7020 3160 0002 3001 4889

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
Suzanna Walker

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  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

DEFENDANT: SAMUEL F. ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
70203160000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 904295  
 Transaction #: 184  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-3-6753228-2  
 Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

Nashville, TN 37215

Certified Mail Fee \$4.10  
 Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$10.00  
 Return Receipt (electronic) \$11.95  
 Certified Mail Restricted Delivery \$10.00  
 Adult Signature Required \$4.00  
 Adult Signature Restricted Delivery \$

Postage \$14.25  
 Total Postage and Fees \$31.10

Postmark AUG 24 2024  
 08/24/2024

**SAMUEL F. ANDERSON**  
 [REDACTED]  
 NASHVILLE, TN 37215- [REDACTED]

7020 3160 0002 3001 4759

**THIS SECTION**

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

1. Article Addressed to:

**SAMUEL F. ANDERSON**  
 [REDACTED]  
 NASHVILLE, TN 37215- [REDACTED]



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

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

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

DEFENDANT: SAMUEL F. ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
7020316000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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

Nashville, TN 37215

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$12.75

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$10.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

Postmark AUG 24 2024

08/24/2024

**SAMUEL F. ANDERSON**

NASHVILLE, TN 37215

THIS SECTION

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

1. Article Addressed to:

**SAMUEL F. ANDERSON**

**NASHVILLE, TN 37215**



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

DEFENDANT: JAMES MICHAEL HIVNER

RECEIVED SERVICE: 8/27/2024



**UNITED STATES POSTAL SERVICE.**

FENTON  
 210 S LEROY ST  
 FENTON, MI 48430-9998  
 (800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$16.95
Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name JAMES M HIVNER			
Tracking #: 70203160000230014834			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0683 81			
<b>Total</b>			<b>\$33.80</b>

---

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 314260  
 Transaction #: 188  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

---

UFN: 253200-0431  
 Receipt #: 840-54930020-3-6269723-1  
 Clerk: 05

7020 3160 0002 3001 4834

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Memphis, TN 38133

**OFFICIAL USE**

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$12.75

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$

Postage \$16.95

Total Postage and Fees \$33.80

**JAMES MICHAEL HIVNER**

**BARTLETT, TN 38133**

Postmark Here

08/27/2024

See reverse for instructions

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

RECEIVED SERVICE: 8/27/2024

DEFENDANT: JAMES MICHAEL HIVNER



**UNITED STATES POSTAL SERVICE.**

FENTON  
 210 S LEROY ST  
 FENTON, MI 48430-9998  
 (800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$16.95
Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024			
Insurance			\$0.00
Up to \$100.00 Included			
Restricted Del			\$12.75
Recipient name JAMES M HIVNER			
Tracking #: → 70203160000230014834			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0683 81			
<b>Total</b>			<b>\$33.80</b>

---

**Grand Total:** \$200.20

---

**Credit Card Remit** \$200.20  
 Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 314260  
 Transaction #: 188  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

---

UFN: 253200-0431  
 Receipt #: 840-54930020-3-6269723-1  
 Clerk: 05

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Memphis, TN 38133

0431

FENTON, MI 48430

Postmark Here

08/24/2024

Certified Mail Fee		\$4.10
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$12.75	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$16.95	
Total Postage and Fees	\$33.80	

JAMES MICHAEL HIVNER

BARTLETT, TN 38133-XXXXXXXXXX

© 2013 USPS, April 2013, PSN 7530-12-000-9047 See Reverse for Instructions

HIGH TONE 2000 09TE 0202

This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery

DEFENDANT: ANDY DWANE BENNETT

RECEIVED SERVICE: 9/3/2024



LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance		\$0.00	
Up to \$100.00 included			
Restricted Del		\$12.75	
Recipient name			
ANDY D BENNETT			
Tracking #:			
7020245000036715150			
Return Receipt		\$4.10	
Tracking #:			
9590 9402 8627 3244 0682 99			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 518290  
 Transaction #: 717  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-1-5531338-2  
 Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$

Postmark  
 AUG 28 2024  
 08/28/2024  
 USPS

**ANDY DWANE BENNETT**

HERMITAGE, TN 37076

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:

**ANDY DWANE BENNETT**  
 [REDACTED]  
**HERMITAGE, TN 37076**



9590 9402 8627 3244 0682 99

? Article Number (Transfer from carrier label)

7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

**This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery**

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  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

RECEIVED SERVICE: 9/3/2024

DEFENDANT: ANDY DWANE BENNETT



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 Included			
Restricted Del			\$12.75
Recipient name			
ANDY D BENNETT			
Tracking #:			
→ 7020245000036715150			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 99			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

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**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$

Postmark (here)  
AUG 28 2024  
08/28/2024  
USPS

**ANDY DWANE BENNETT**

HERMITAGE, TN 37076

**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:

**ANDY DWANE BENNETT**  
[REDACTED]  
**HERMITAGE, TN 37076** [REDACTED]



9590 9402 8627 3244 0682 99

? Article Number (Transfer from carrier label)

7020 2450 0000 3671 5150

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

DEFENDANT: FRANK GOAD CLEMENT JR.

RECEIVED SERVICE: 8/30/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
 215 S MAIN ST  
 LINDEN, MI 48451-9998  
 (800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 11.40 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 Included			
Restricted Del			\$12.75
Recipient name			
FRANK G CLEMENT			
Tracking #:			
→ 70202450000036715167			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 82			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 518290  
 Transaction #: 717  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

UFN: 255460-0451  
 Receipt #: 840-54930036-1-5531338-2  
 Clerk: 6

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$

Postmark: LINDEN MI 48451 AUG 28 2024

USPS

**FRANK GOAD CLEMENT JR.**

NASHVILLE, TN 37205-██████

See Reverse for Instructions

7020 2450 0000 3671 5167

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**FRANK GOAD CLEMENT JR.**  
 ██████████  
**NASHVILLE, TN 37205-██████**



9590 9402 8627 3244 0682 82

2. Article Number (Transfer from container label)  
**7020 2450 0000 3671 5167**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**  Agent  Addressee

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

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

**This USPS Return Receipt Mysteriously Disappeared It was Never Returned After The Successful Delivery**

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

RECEIVED SERVICE: 8/30/2024

DEFENDANT: FRANK GOAD CLEMENT JR.



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 11.40 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
FRANK G CLEMENT			
Tracking #:			
7020245000036715167			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 82			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60  
Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
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**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$14.25  
Total Postage and Fees \$

Postmark: LINDEN MI AUG 28 2024

USPS

**FRANK GOAD CLEMENT JR.**  
[Redacted]  
**NASHVILLE, TN 37205** [Redacted]

7020 2450 0000 3671 5167

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**FRANK GOAD CLEMENT JR.**  
[Redacted]  
**NASHVILLE, TN 37205** [Redacted]



9590 9402 8627 3244 0682 82

2. Article Number (Transfer from carrier label)

7020 2450 0000 3671 5167

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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 checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

RECEIVED SERVICE: 8/31/2024

DEFENDANT: WILLIAM NEAL MCBRAYER



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit	Price
---------	-----	------	-------

Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:	7020245000036715136		
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0682 75			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60  
Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
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**OFFICIAL USE**

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$

Postmark: AUG 28 2024

USPS

**WILLIAM NEAL MCBRAYER**

BRENTWOOD, TN 37027- [REDACTED]

7020 2450 0000 3671 5136

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:

**WILLIAM NEAL MCBRAYER,**  
[REDACTED]  
**BRENTWOOD, TN 37027-** [REDACTED]



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

RECEIVED SERVICE: 8/31/2024

DEFENDANT: WILLIAM NEAL MCBRAYER



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:	7020245000036715136		
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0682 75			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60  
Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

U.S. Postal Service™  
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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$14.25  
Total Postage and Fees \$

Postmark: AUG 28 2024

USPS

**WILLIAM NEAL MCBRAYER**  
BRENTWOOD, TN 37027-  
Instructions

7020 2450 0000 3671 5136

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:

**WILLIAM NEAL MCBRAYER**  
BRENTWOOD, TN 37027-



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

DEFENDANT: TENNESSEE SUPREME COURT

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/10/2024 02:07 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$18.85
Knoxville, TN 37919			
Weight: 9 lb 2.2 oz			
Expected Delivery Date			
Thu 09/12/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SHARRON G LEE			
Tracking #:			
→ 7020245000036716188			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8418 3156 9888 87			
<b>Total</b>			<b>\$35.70</b>

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA  
Account #: XXXXXXXXXX8359  
Approval #: 310170  
Transaction #: 818  
AID: A000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5548566-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee  
\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$18.85

Total Postage and Fees \$

**SHARON GAIL LEE**

**KNOXVILLE, TN 37919**

7020 2450 0000 3671 6188

LINDEN, MI 48451  
Postmark Here  
SEP 10 2024  
09/10/2024

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:

**SHARON GAIL LEE**  
[Redacted]  
**KNOXVILLE, TN 37919**



9590 9402 8418 3156 9888 87

7020 2450 0000 3671 6188

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

- Adult Signature  Priority Mail Express®
- Adult Signature Restricted Delivery  Registered Mail™
- Certified Mail®  Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery  Signature Confirmation™
- Collect on Delivery  Signature Confirmation Restricted Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

DEFENDANT: TENNESSEE SUPREME COURT

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/10/2024 02:07 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$18.85
Knoxville, TN 37919			
Weight: 9 lb 2.2 oz			
Expected Delivery Date			
Thu 09/12/2024			
Insurance			\$0.00
Up to \$100.00 Included			
Restricted Del			\$12.75
Recipient name			
SHARRON G LEE			
Tracking #:			
→ 7020245000036716188			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8418 3156 9888 87			
<b>Total</b>			<b>\$35.70</b>

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 310170  
Transaction #: 818  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5548566-2  
Clerk: 6

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postage \$18.85  
Total Postage and Fees \$

**SHARON GAIL LEE**  
KNOXVILLE, TN 37919-██████████

LINDEN, MI 48451  
Postmark Here  
SEP 10 2024  
09/10/2024

7020 2450 0000 3671 6188

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.
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PS Form 3811, July 2020 PSN 7530-02-000-9053

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A. Signature  Agent  Addressee  
**X**

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

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

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