

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

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

7015 1730 0000 9793 3542

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$2.75
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark
Here

SANTA FE, NM
 JUN 18 2018
 USPO 87504

Sent To
 Street and Apt
Gerald J. Brockman
 City, State, ZIP
15071 Golf Drive
Whitney, TX 76692

PS Form 3811

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:

Gerald J. Brockman
 15071 Golf Drive
 Whitney, TX 76692



9590 9401 0118 5225 7034 81

2. Article Number (Transfer from service label)

7015 1730 0000 9793 3542

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 GJB Agent
 Addressee

B. Received by (Printed Name)
Brockman

C. Date of Delivery
6/18/18

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

3. Service Type

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

Domestic Return Receipt

7015 1730 0000 9793 3498

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

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

Certified Mail Fee
 \$ 3.45

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

Return Receipt (hard copy) \$ 2.75

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage
 \$ 1.63

Total Postage and Fees
 \$ 7.83

Sent To
 Larry T. Long
 P.O. Box 1777
 Kilgore, TX 75142

Postmark Here
SANTA FE NM
 JUN 22 2018
 USPO 87504

PS Form 3800, April 2015 PSN 7530-02-000-9047 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:

Larry T. Long
 P.O. Box 1777
 Kilgore, TX 75142

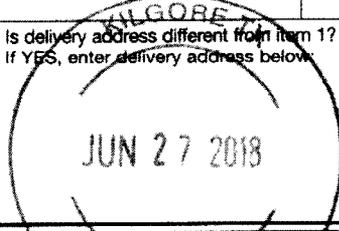

 9590 9401 0118 5225 7035 35

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x Kathy Addison

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

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



3. Service Type Priority Mail Express® Registered Mail™

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)

Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery