

**COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION**

In the Matter of:

THE APPLICATION OF)
NEW CINGULAR WIRELESS PCS, LLC,)
A DELAWARE LIMITED LIABILITY COMPANY,)
D/B/A AT&T MOBILITY)
AND HARMONI TOWERS LLC, A DELAWARE)
LIMITED LIABILITY COMPANY)
FOR ISSUANCE OF A CERTIFICATE OF PUBLIC) CASE NO.: 2021-00327
CONVENIENCE AND NECESSITY TO CONSTRUCT)
A WIRELESS COMMUNICATIONS FACILITY)
IN THE COMMONWEALTH OF KENTUCKY)
IN THE COUNTY OF METCALFE)

SITE NAME: SPARKS RELO / WILLIAM JUDD ROAD

* * * * *

**APPLICANTS' SUPPLEMENTAL FILING DOCUMENTING NOTICE IN COMPLIANCE
WITH 807 KAR 5:063, SECTION 1(1)(I)(1)**

New Cingular Wireless PCS, LLC, a Delaware limited liability company, d/b/a AT&T Mobility ("AT&T") and Tillman Infrastructure LLC, a Delaware limited liability company (collectively "Applicants"), by counsel, make this Supplemental Filing Documenting Notice in Compliance with 807 KAR 5:063, Section 1(1)(I)(1). Applicants respectfully state, as follows:

1. Copies of the PVA records obtained from the Metcalfe County PVA and relied upon to create the list of adjacent property owners entitled to notification are attached as **Exhibit J-1**.

2. The signed United States Postal Service Forms 3811, otherwise known as "signed green cards" or a copy of the notice that was returned undelivered is attached as

Exhibit J-2. In two instances, the Postal Service did not return signed green cards or undelivered letters. Accordingly, copies of the green card receipts for those notice letters are also attached as part of **Exhibit J-2**.

3. An Affidavit of Certification signed by the attorney supervising the preparation of the response on behalf of Applicants' certifying that the response is true and accurate to the best of that person's knowledge, information, and belief formed after a reasonable inquiry is included as **Exhibit 1**.

WHEREFORE, there being no ground for denial of the subject application and substantial evidence in support of the requested CPCN, Applicants respectfully request the Kentucky Public Service Commission:

- (a) Accept this Response for filing;
- (b) Issue a Certificate of Public Convenience and Necessity to construct and operate the WCF at the location set forth herein without further delay; and
- (c) Grant Applicants any other relief to which they are entitled.

Respectfully submitted,



David A. Pike
and

F. Keith Brown

F. Keith Brown
Pike Legal Group, PLLC
1578 Highway 44 East, Suite 6
P. O. Box 369
Shepherdsville, KY 40165-0369
Telephone: (502) 955-4400
Telefax: (502) 543-4410
Email: dpike@pikelegal.com
Attorneys for Applicants

LIST OF EXHIBITS

- 1 - Affidavit of Certification
- J-1 - PVA Records
- J-2 - Signed or Returned Green Cards

EXHIBIT 1
AFFIDAVIT OF CERTIFICATION

**AFFIDAVIT OF CERTIFICATION
COMMONWEALTH OF KENTUCKY
PUBLIC SERVICE COMMISSION
CASE #: 2021-00327**

I, F. Keith Brown, attorney for New Cingular Wireless PCS, LLC, a Delaware limited liability company, d/b/a AT&T Mobility and Tillman Infrastructure LLC, a Delaware limited liability company (“Applicants”), do hereby certify that I am the person supervising the preparation this Supplemental Filing Documenting Notice in Compliance with 807 KAR 5:063, Section 1(1)(l)(1) on behalf Applicants and that this response is true and accurate to the best of my knowledge, information, and belief formed after a reasonable inquiry.

Further the affiant sayeth naught.

Affiant:



Date: Sept. 15, 2023

State of Kentucky

County of Bullitt

AFFIANT ACKNOWLEDGEMENT

On this, the 15 day of September 2023 before me, the subscriber, a Notary Public in and for the above state, personally appeared to me F. Keith Brown and in due form of law, acknowledged, subscribed, and swore that he executed this instrument as his voluntary act and deed.

In testimony whereof, I have hereunto set my hand and affixed my seal in said County and State on the day and year last above written.

My commission expires on: December 4, 2024



Notary Public, State at Large

KYNP19462

**EXHIBIT J-1
PVA RECORDS**

Metcalfe County, KY PVA

Summary

Parcel Number 075-00-00-006.08
Account Number 47945
Location Address BILLY SPARKS RD
Description 151.33A & COTTAGE
(Note: Not to be used on legal documents)
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

[View Map](#)

Ownership

MILLER DANIEL U & KATIE B MILLER DAVID J & MARY ANN
 532 WALKER-STEWART RD
 HORSE CAVE, KY 42749

Land Characteristics

Condition	Average	Topography	Rolling
Plat Book/Page		Drainage	None
Subdivision		Flood Hazard	
Lot		Zoning	
Block		Electric	No
Acres	151.33	Water	No
Front	0	Gas	No
Depth	0	Sewer	No
Lot Size	0x0	Road	Secondary
Lot Sq Ft	6591934	Sidewalks	No
Shape	None	Information Source	

The Property Valuation Administrator makes every effort to produce and publish the most current and accurate information possible. Sale price, sale date, and property characteristics are not verified data and may contain errors. Ownership, legal description, and valuations are believed to be accurate. If you have specific knowledge about a property and you believe some or all data contained on this web page to be incorrect, please email what you believe to be the current data. Send corrections

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Metcalfe County, KY PVA

Summary

Parcel Number 075-00-00-006.01
Account Number 47940
Location Address BILLY SPARKS RD
Description 69.46A & BLDG
(Note: Not to be used on legal documents)
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

[View Map](#)

Ownership

MORGAN STEVEN R & MARGARET N
 473 BILLY SPARKS RD
 EDMONTON, KY 42129

Land Characteristics

Condition	Average	Topography	Rolling
Plat Book/Page		Drainage	None
Subdivision		Flood Hazard	
Lot		Zoning	
Block		Electric	No
Acres	69.46	Water	No
Front	0	Gas	No
Depth	0	Sewer	No
Lot Size	0x0	Road	Gravel
Lot Sq Ft	3025677	Sidewalks	No
Shape	None	Information Source	

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Summary

Parcel Number 075-00-00-005.03
Account Number 47934
Location Address 1336 WILLIAM JUDD RD
Description 19A & M HME
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

View Map



Ownership

BROWN LEIGH ESTATE % ELIZABETH CROMPTON
7601 W LAKE DR
WEST PALM BEACH, FL 33406

Land Characteristics

Table with 4 columns: Land Characteristics, Average, Topography, and Rolling. Rows include Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

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Summary

Parcel Number 075-00-00-005.02D01
Account Number 47932
Location Address 1360 WILLIAM JUDD RD
Description CELL TOWER SITE ON DAVIS PROPERTY
Class TELECOMMUNICATION (80)
Tax District 00-County
Rate Per Thousand 10.7382

Map Not Available

Ownership

DAVIS BILLY W & CHARLOTTE A ATTN: TAX DEPARTMENT
8051 CONGRESS AVE
BOCA RATON, FL 33487

Land Characteristics

Table with 3 columns: Land Characteristics (Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape), Topography (Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, Information Source), and Not Used. Values include 0.00, 0, 0x0, 0, and No.

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Summary

Parcel Number 075-00-00-005.02D02
Account Number 47933
Location Address 1441 WILLIAM JUDD RD
Description 29A & HSE
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

Map Not Available

Ownership

DAVIS MIKELL L & CLARE M
1441 WILLIAM JUDD RD
EDMONTON, KY 42129

Land Characteristics

Table with 4 columns: Land Characteristics, Average, Topography, and Rolling. Rows include Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

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Summary

Parcel Number 075-00-00-005.01
Account Number 47931
Location Address 1091 WILLIAM JUDD RD
Description 33A & HSE
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

View Map



Ownership

BEATTY DENISE ANN SHIRLEY CHRISSTELLA CLEARWATER ESTATE
1091 WILLIAM JUDD RD
EDMONTON, KY 42129

Land Characteristics

Table with 4 columns: Land Characteristics, Average, Topography, and Rolling. Rows include Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

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Summary

Parcel Number 075-00-00-007.00
Account Number 47949
Location Address COLUMBIA RD
Description 75.72A
(Note: Not to be used on legal documents)
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

View Map



Ownership

JESSEE LINDA CARY HOOD & MICHAEL PATRICK
7009 GRAYMOOR RD
LOUISVILLE, KY 40222

Land Characteristics

Table with 4 columns: Land Characteristics, Average, Topography, and Rolling. Rows include Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

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Summary

Parcel Number 075-00-00-007.01
Account Number 47950
Location Address COLUMBIA RD
Description 208.03A
(Note: Not to be used on legal documents)
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

View Map



Ownership

JANES VIRGINIA ESTATE ET AL % KAYE HOPE & PAM GRUBBS
3360 MT MORIAH RD
SUMMER SHADE, KY 42166

Land Characteristics

Table with 4 columns: Property Attribute, Average, Topography, and Rolling. Rows include Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

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Summary

Parcel Number 075-00-00-007.03
Account Number 47952
Location Address 6000 COLUMBIA RD
Description 295.03A & CABIN
(Note: Not to be used on legal documents)
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

View Map



Ownership

EDWARDS JOHN M & SALLY A
1567 HUNT CLUB BLVD
GALLATIN, TN 37066

Land Characteristics

Table with 4 columns: Land Characteristics, Average, Topography, and Rolling. Rows include Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

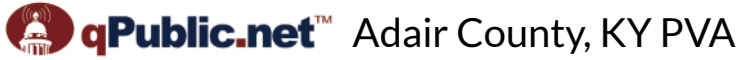
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Summary

Parcel Number 004-00-00-008.07
Account Number 12090
Location Address WM JUDD RD 899
Description 14.88 AC+HOUSE
Class Farm
Tax District 00 00
Rate Per Thousand 11.4930

View Map



Owner

Primary Owner
HALL MICHAEL W & BELINDA
3440 HIGHWAY 18
MOLENA, GA 30258

Land Characteristics

Table with 4 columns: Land Characteristics, Condition, Topography, and Information Source. Rows include Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

The Adair County Property Valuation Administrator's Office makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The assessment information is from the last certified taxroll. All data is subject to change before the next certified taxroll.

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Summary

Parcel Number 004-00-00-008.08
Account Number 9122
Location Address WM JUDD RD 597
Description 2.53 ACRES+HOUSE
(Note: Not to be used on legal documents)
Class Residential
Tax District 00 00
Rate Per Thousand 11.4930

View Map



Owner

Primary Owner
BENJAMIN NEIL & PATTY
597 WILLIAM JUDD RD
EDMONTON KY., 42129

Land Characteristics

Table with 3 columns: Land Characteristics (Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape), Topography (Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, Information Source), and Yes/No/Owner status.

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Summary

Parcel Number 004-00-00-008.00
Account Number 9121
Location Address WM JUDD RD 705
Description 4.82 AC+HOUSE
(Note: Not to be used on legal documents)
Class Residential
Tax District 00 00
Rate Per Thousand 11.4930

View Map



Owner

Primary Owner
BENJAMIN CALVIN
705 WILLIAM JUDD RD
EDMONTON, KY 42129

Land Characteristics

Table with 4 columns: Land Characteristics, Fair, Topography, and Rolling. Rows include Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

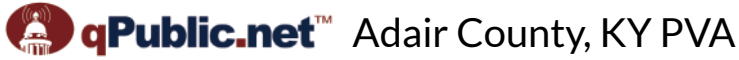
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Summary

Parcel Number 008-00-00-043.03
Account Number 15552
Location Address WM JUDD RD 271
Description 39.15 ACRES+CABIN
(Note: Not to be used on legal documents)
Class Farm
Tax District 00 00
Rate Per Thousand 11.4930

View Map



Owner

Primary Owner
SMITH DOUGLAS D & BARBARA
PO BOX 237
PIPER CITY, IL 60959

Land Characteristics

Table with 2 columns: Land Characteristics (Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape) and Information Source (Topography, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, Information Source). Values include 39.15 acres and 'No' for various utilities.

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Summary

Parcel Number 075-00-00-006.12
Account Number 50400
Location Address BILLY SPARKS RD
Description 3.36A
(Note: Not to be used on legal documents)
Class RESIDENTIAL (10)
Tax District 00-County
Rate Per Thousand 10.7382

View Map

Ownership

MILLER DANIEL U & KATIE B DAVID J & MARY ANN MILLER
532 WALKER STEWART RD
HORSE CAVE, KY 42749

Land Characteristics

Table with 4 columns: Property Characteristic, Average, Topography, and Not Used. Rows include Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Topography, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

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Summary

Parcel Number 075-00-00-006.07
Account Number 47944
Location Address OWEN JUDD RD
Description 4.24A
(Note: Not to be used on legal documents)
Class RESIDENTIAL (10)
Tax District 00-County
Rate Per Thousand 10.7382

View Map

Ownership

OWEN EUGENE
103 DAVIS ST
GLASGOW, KY 42141

Land Characteristics

Table with 3 columns: Property Characteristics (Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape), Topography (Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, Information Source), and Rolling (Residential, No, No, No, Unimproved, No).

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Summary

Parcel Number 075-00-00-006.09
Account Number 47946
Location Address 650 BILLY SPARKS RD
Description 37A & M HME
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

View Map

Ownership

CRAWFORD MILTON & DONNA
1149 RED POND RD
BOWLING GREEN, KY 42103

Land Characteristics

Table with 4 columns: Condition, Average, Topography, Rolling. Rows include Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, Information Source.

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Summary

Parcel Number 075-00-00-006.10
Account Number 47947
Location Address 830 BILLY SPARKS RD
Description 56.83A & M HME
(Note: Not to be used on legal documents)
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

View Map



Ownership

SLATER PAUL E & JAN MARIE
830 BILLY SPARKS RD
EDMONTON, KY 42129

Land Characteristics

Table with 4 columns: Land Characteristics, Average, Topography, and Rolling. Rows include Condition, Plat Book/Page, Subdivision, Lot, Block, Acres (56.83), Front (0), Depth (0), Lot Size (0x0), Lot Sq Ft (2475514), Shape, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

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Summary

Parcel Number 068-00-00-005.04
Account Number 49705
Location Address 285 EAST FORK CHURCH RD
Description 82.97A & CABIN
Class FARM (20)
Tax District 00-County
Rate Per Thousand 10.7382

View Map



Ownership

ROSSI GREGORY
285 EAST FORK CHURCH RD
EDMONTON, KY 42129

Land Characteristics

Table with 3 columns: Land Characteristics, Values, and Information Source. Rows include Condition, Plat Book/Page, Subdivision, Lot, Block, Acres, Front, Depth, Lot Size, Lot Sq Ft, Shape, Topography, Drainage, Flood Hazard, Zoning, Electric, Water, Gas, Sewer, Road, Sidewalks, and Information Source.

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EXHIBIT J-2
SIGNED OR RETURNED GREEN CARDS

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:

SLATER PAUL E & JAN MARIE
830 BILLY SPARKS RD
EDMONTON, KY 42129



9590 9402 5608 9274 0999 00

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3004

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Paul Slater

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Paul Slater

C. Date of Delivery

7-27

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 (\$500)
-
-
- Priority Mail Express®
-
-
- Registered Mail™
-
-
- Registered Mail Restricted Delivery
-
-
- Return Receipt for Merchandise
-
-
- Signature Confirmation™
-
-
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DAVIS BILLY W & CHARLOTTE A ATTN:
TAX DEPARTMENT
8051 CONGRESS AVE
BOCA RATON, FL 33487



9590 9402 6207 0220 2667 44

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3134

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

-
- Agent
-
-
- Addr

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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

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:

BENJAMIN NEIL & PATTY
597 WILLIAM JUDG RD
EDMONTON KY., 42129



9590 9402 5608 9274 0997 57

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3066

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Neil Benjamin

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Neil Benjamin

C. Date of Delivery

7-27

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 (\$500)
-
-
- Priority Mail Express®
-
-
- Registered Mail™
-
-
- Registered Mail Restricted Delivery
-
-
- Return Receipt for Merchandise
-
-
- Signature Confirmation™
-
-
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JESSEE LINDA CARY HOOD & MICHAEL PATRICK
 7009 GRAYMOOR RD
 LOUISVILLE, KY 40222



9590 9402 5608 9274 0998 18

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3103

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
 MIKE GOSSE

C. Date of Delivery
 7-27-21

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MORGAN STEVEN R & MARGARET N
 473 BILLY SPARKS RD
 EDMONTON, KY 42129



9590 9402 6207 0220 2664 47

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3158

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
 Margaret Morgan

C. Date of Delivery
 8-27-21

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ROSSI GREGORY
 285 EAST FORK CHURCH RD
 EDMONTON, KY 42129



9590 9402 5608 9274 0998 94

2. Article Number (Transfer from service label)

7018 1130 0001 7727 2991

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
 GREGORY ROSSI

C. Date of Delivery
 8-27-21

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

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JANES VIRGINIA ESTATE ET AL % KAYE
HOPE & PAM GRUBBS
3360 MT MORIAH RD
SUMMER SHADE, KY 42166



9590 9402 5608 9274 0997 26

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3097

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Richard Hope Agent
 Addressee

B. Received by (Printed Name)

Richard Hope

C. Date of Delivery

8/26/2015

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

Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MILLER DANIEL U & KATIE B DAVID J & MARY
ANN MILLER
532 WALKER STEWART RD
HORSE CAVE, KY 42749



9590 9402 5608 9274 0997 88

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3035

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

D. Miller Agent
 Addressee

B. Received by (Printed Name)

DR CIG REI

C. Date of Delivery

8-26-15

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

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CRAWFORD MILTON & DONNA
1149 RED POND RD
BOWLING GREEN, KY 42103



9590 9402 5608 9274 0998 01

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3011

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

REI/8/15/15 Agent
 Addressee

B. Received by (Printed Name)

REI/8/15/15

C. Date of Delivery

8-26-15

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

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SMITH DOUGLAS D & BARBARA
PO BOX 237
PIPER CITY, IL 60959



9590 9402 5608 9274 0997 71

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3042

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-27-24

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

3. Service Type

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

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:

MILLER DANIEL U & KATIE B MILLER
DAVID J & MARY ANN
532 WALKER-STEWART RD
HORSE CAVE, KY 42749



9590 9402 6207 0220 2664 54

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3165

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

SR CIA PPI

8-26-21

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

3. Service Type

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Harold D. Stilts
County Judge Executive
P.O. Box 149
201 N. Main Street
Edmonton, KY 42129



9590 9402 5608 9274 0998 87

2. Article Number (Transfer from service label)

7018 1130 0001 7727 2984

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

Lorrie Gilpin

8-26-21

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

3. Service Type

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

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:

BENJAMIN CALVIN
705 WILLIAM JUDD RD
EDMONTON, KY 42129



9590 9402 5608 9274 0997 64

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3059

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Annie Elmore Agent
 Addressee

B. Received by (Printed Name)
Annie Elmore

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BEATTY DENISE ANN SHIRLEY
CHRISSTELLA CLEARWATER ESTATE
1091 WILLIAM JUDD RD
EDMONTON, KY 42129



9590 9402 5608 9274 0998 25

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3110

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Denise Beatty Agent
 Addressee

B. Received by (Printed Name)
Denise Beatty

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

DAVIS MIKELL L & CLARE M
1441 WILLIAM JUDD RD
EDMONTON, KY 42129



9590 9402 5608 9274 0998 32

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3127

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Annie Elmore Agent
 Addressee

B. Received by (Printed Name)
Annie Elmore

C. Date of Delivery
7/26/15

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

EDWARDS JOHN M & SALLY A
1567 HUNT CLUB BLVD
GALLATIN, TN 37066



9590 9402 5608 9274 0997 33

2. Article Number (Transfer from service label)

7018 1130 0001 7727 3080

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

C-19

- Agent
- Addressee

B. Received by (Printed Name)

W G

C. Date of Delivery

9/07

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

3. Service Type

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

Domestic Return Receipt



9/24

1578 Highway 44 East, Suite 6
P.O. Box 369
Shepherdsville, KY 40165-0369



7018 1130 0001 7727 3028

LOUISVILLE KY 400
24 AUG 2021 PM 1 L

FIRST-CLASS



US POSTAGE
\$ 006.96⁰
0001156236 AUG 24 2021
MAILED FROM ZIP CODE 40165

Return to sender

X
Z
I

OWEN EUGENE
103 DAVIS ST
GLASGOW, KY 42141

Return to Sender.

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
ANK
0001156236
42141-30160



9/22

1578 Highway 44 East, Suite 6
P.O. Box 369
Shepherdsville, KY 40165-0369



7018 1130 0001 7727 3172

LOUISVILLE KY 400
27 AUG 2021 PM 1 L

FIRST-CLASS



US POSTAGE
\$ 006.96⁰
0001156236 AUG 27 2021
MAILED FROM ZIP CODE 40165

Elenia Gborfiadis or current resident
106 Davis Street
Glasgow, KY 42141

9-8-21
9-17-21

202

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
JMC
0001156236
42141-30170



1578 Highway 44 East, Suite 6
P.O. Box 369
Shepherdsville, KY 40165-0369

9/29



7018 1130 0001 7727 3073

40165-0369 8004
LOUISVILLE KY 400
24 AUG 2021 PM 11

FIRST CLASS

02 1P

US POSTAGE

\$ 006.96⁰

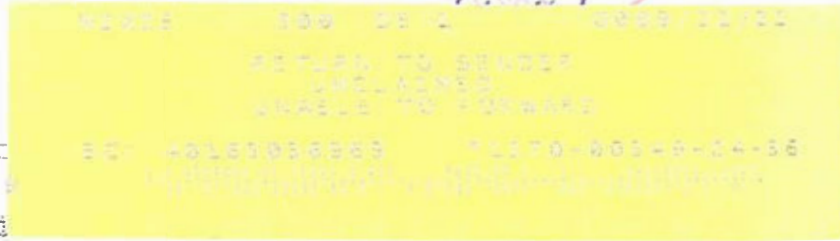
AUG 24 2021
ZIP CODE 40165



9-41

LINE

HALL, MICHAEL W & BELINDA
3440 HIGHWAY 18
MOLENA, GA 30258



JNC
40165-0369
7018-1130-0001-7727-3073

7018 1130 0001 7727 3141

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

\$ _____
Total Postage and Fees

\$ _____

Se _____

St _____

City _____

PS _____

BROWN LEIGH ESTATE % ELIZABETH
CROMPTON
7601 W LAKE DR
WEST PALM BEACH, FL 33406

Instructions



7018 1130 0001 7727 3103

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

\$ _____
Total Postage and Fees

\$ _____

Sent Tr _____

Street _____

City, St _____

PS Fo _____

JESSEE LINDA CARY HOOD & MICHAEL
PATRICK
7009 GRAYMOOR RD
LOUISVILLE, KY 40222

Instructions

