

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

In the Matter of:

THE APPLICATION OF )  
CELLCO PARTNERSHIP D/B/A VERIZON WIRELESS )  
AND WHITEROCK HOLDINGS, LLC FOR ISSUANCE ) CASE NO. 2024-00293  
OF A CERTIFICATE OF PUBLIC CONVENIENCE AND )  
NECESSITY TO CONSTRUCT A WIRELESS )  
COMMUNICATIONS FACILITY IN THE )  
COMMONWEALTH OF KENTUCKY IN THE COUNTY )  
OF GREEN )

SITE NAME: ALLENDALE

\* \* \* \* \*

**SUPPLEMENTAL INFORMATION TO APPLICATION FOR  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
FOR CONSTRUCTION OF A WIRELESS COMMUNICATIONS FACILITY**

Cellco Partnership, d/b/a Verizon Wireless and WhiteRock Holdings, LLC (“Co-Applicants”), by counsel, pursuant to (i) KRS §§278.020, 278.040, 278.650, 278.665, and other statutory authority, and the rules and regulations applicable thereto, and (ii) the Telecommunications Act of 1996, filed an Application requesting issuance of a Certificate of Public Convenience and Necessity (“CPCN”) on September 23, 2024

On September 10, 2024, twelve (12) notices were sent to surrounding property owners; at the time of filing, eleven (11) notice green cards had been returned and USPS tracking data indicated that one (1) notice was attempted for delivery on September 13, 2024 with a reminder to schedule re-delivery on September 18, 2024. On October 10, 2024 the last notice was returned, marked as unclaimed. There are no unaccountable notices at this time. A copy of the form of the notice sent by certified mail on September 23, 2024, the returned green cards and the returned notice are attached as **Exhibit 1**.

27. Attached hereto as **Exhibit 2** please find an Affidavit of Certification for all information contained in this application.

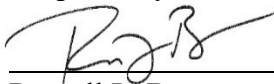
28. All Exhibits to this Application are hereby incorporated by reference as if fully set out as part of the Application.

29. All responses and requests associated with this Application may be directed to:

Russell L. Brown  
Clark, Quinn, Moses, Scott & Grahn, LLP  
320 North Meridian Street, Suite 1100  
Indianapolis, IN 46204  
Phone: (317) 637-1321  
FAX: (317) 687-2344  
Email: rbrown@clarkquinnlaw.com

WHEREFORE, Co-Applicants respectfully request that the PSC accept the foregoing Application for filing and, having met the requirements of KRS §§278.020(1), 278.650, and 278.665 and all applicable rules and regulations of the PSC, grant a Certificate of Public Convenience and Necessity to construct and operate the WCF at the location set forth herein.

Respectfully submitted,



---

Russell L. Brown  
Clark, Quinn, Moses, Scott & Grahn, LLP  
320 North Meridian Street, Suite 1100  
Indianapolis, IN 46204  
Phone: (317) 637-1321 / FAX: (317) 687-2344  
Email: rbrown@clarkquinnlaw.com  
Attorney for Cellco Partnership d/b/a Verizon Wireless

#### LIST OF EXHIBITS

- 1 Property Owner Notification
- 2 Affidavit of Certification



**Russell L. Brown**  
Attorney at Law  
rbrown@clarkquinnlaw.com

**320 N. Meridian St., Ste. 1100**  
**Indianapolis, IN 46204**  
**(317) 637-1321 main**  
**(317) 687-2344 fax**

September 10, 2024

**Notice of Proposed Construction of  
Wireless Communications Facility  
Site Name: Allendale**

Cellco Partnership, d/b/a Verizon Wireless and WhiteRock Holdings, LLC propose to construct a wireless communications facility on a site located at 8820 Hogenville Road, Summersville, KY 42782 (North Latitude: 37° 22' 14.258", West Longitude 85° 34' 53.954"). The proposed facility will include a 255-foot-tall self-support tower, plus a 5-foot lightning arrestor and related ground facilities. The site's name is Allendale.

This notice is being sent to you because the County Property Valuation Administrator's records indicate that you may own property that is within a 500' radius of the proposed tower site or is contiguous to the property on which the tower is to be constructed. You have a right to submit testimony to the Kentucky Public Service Commission ("PSC"), either in writing or to request intervention in the PSC's proceedings on the application. You may contact the PSC for additional information concerning this matter at: Kentucky Public Service Commission, Executive Director, 211 Sower Boulevard, P.O. Box 615, Frankfort, Kentucky 40602. Please refer to docket number 2024-00293 in any correspondence sent in connection with this matter.

We have attached a map showing the site location for the proposed tower. Applicant's radio frequency engineers assisted in selecting the proposed site for the facility, and they have determined it is the proper location and elevation needed to provide quality service to wireless customers in the area. Please feel free to contact us at 317-637-1321 if you have any comments or questions about this proposal.

Sincerely,  
Russell L. Brown

Attorney for Applicant  
RLB/jj  
Enclosure

# Location Map



 Clark, Quinn, Moses, Scott & Grahn, LLP  
320 North Meridian Street, Suite 1100  
Indianapolis, Indiana 46204-1729



FIRST-CLASS



US POSTAGE<sup>IMPITNEY BOWES</sup>



ZIP 46204 \$ 009.64<sup>0</sup>  
02 7H  
0006035028 SEP 10 2024

CREASON FAMILY IRR TRUST  
% KATHY CHASE  
777 MILBY RATLIFF RD  
SUMMERSVILLE, KY 42782

**CERTIFIED MAIL<sup>®</sup>**

 Clark, Quinn, Moses, Scott & Grahn, LLP  
320 North Meridian Street, Suite 1100  
Indianapolis, Indiana 46204-1729



US POSTAGE<sup>IMPITNEY BOWES</sup>



ZIP 46204 \$ 009.64<sup>0</sup>  
02 7H  
0006035028 SEP 10 2024

NOE CHARLES & THOMAS & KRISTEN  
609 TAYLOR CHAPEL RD  
SUMMERSVILLE, KY 42782

**CERTIFIED MAIL<sup>®</sup>**

 Clark, Quinn, Moses, Scott & Grahn, LLP  
320 North Meridian Street, Suite 1100  
Indianapolis, Indiana 46204-1729



US POSTAGE<sup>IMPITNEY BOWES</sup>



ZIP 46204 \$ 009.64<sup>0</sup>  
02 7H  
0006035028 SEP 10 2024

NELSON DANNIE & ALICE JANE  
670 DANNY NELSON LANE  
GREENSBURG, KY 42743

 Clark, Quinn, Moses, Scott & Grahn, LLP  
320 North Meridian Street, Suite 1100  
Indianapolis, Indiana 46204-1729



9589 0710 5270 1210 3307 48



US POSTAGE<sup>™</sup>PITNEY BOWES

ZIP 46204 \$ 009.64<sup>0</sup>  
02 7H  
0006035028 SEP 10 2024

RELIFORD JAMES GREGORY  
210 WINDY HILLS ROAD  
GREENSBURG, KY 42743

**CERTIFIED MAIL<sup>®</sup>**

 Clark, Quinn, Moses, Scott & Grahn, LLP  
320 North Meridian Street, Suite 1100  
Indianapolis, Indiana 46204-1729



9589 0710 5270 1210 3302 50

FIRST CLASS



US POSTAGE<sup>™</sup>PITNEY BOWES

ZIP 46204 \$ 009.64<sup>0</sup>  
02 7H  
0006035028 SEP 10 2024

HODGES DAVID & DANIEL  
7015 HODGENVILLE RD  
GREENSBURG, KY 42743

**CERTIFIED MAIL<sup>®</sup>**

 Clark, Quinn, Moses, Scott & Grahn, LLP  
320 North Meridian Street, Suite 1100  
Indianapolis, Indiana 46204-1729



9589 0710 5270 1210 3302 74



US POSTAGE<sup>™</sup>PITNEY BOWES

ZIP 46204 \$ 009.64<sup>0</sup>  
02 7H  
0006035028 SEP 10 2024

CHASE BARRY  
8820 HODGENVILLE RD  
SUMMERSVILLE, KY 42782





Clark, Quinn, Moses, Scott & Grahn, LLP  
 320 North Meridian Street, Suite 1100  
 Indianapolis, Indiana 46204-1729



9589 0710 5270 1210 3302 67

FIRST-CLASS



US POSTAGE<sup>SM</sup>PITNEY BOWES



ZIP 46204 \$ 009.64<sup>0</sup>  
 02 7H  
 0006035028 SEP 10 2024

CAMPBELL RHONDA G  
 8757 HODGENVILLE RD  
 SUMMERSVILLE, KY 42782

**CERTIFIED MAIL<sup>®</sup>**



Clark, Quinn, Moses, Scott & Grahn, LLP  
 320 North Meridian Street, Suite 1100  
 Indianapolis, Indiana 46204-1729



9589 0710 5270 1210 3302 81

FIRST-CLASS



US POSTAGE<sup>SM</sup>PITNEY BOWES



ZIP 46204 \$ 009.64<sup>0</sup>  
 02 7H  
 0006035028 SEP 10 2024

MIKE & KEITH'S USED CARS, LLC  
 8883 HODGENVILLE ROAD  
 SUMMERSVILLE, KY 42782

**CERTIFIED MAIL<sup>®</sup>**



Clark, Quinn, Moses, Scott & Grahn, LLP  
 320 North Meridian Street, Suite 1100  
 Indianapolis, Indiana 46204-1729



9589 0710 5270 1210 3302 98

FIRST-CLASS



US POSTAGE<sup>SM</sup>PITNEY BOWES



ZIP 46204 \$ 009.64<sup>0</sup>  
 02 7H  
 0006035028 SEP 10 2024

ESTES KEVIN & KEITH  
 & KIMBERLY WILSON  
 C/O RONNIE & BRENDA ESTES  
 8885 HODGENVILLE RD  
 SUMMERSVILLE, KY 42782

 Clark, Quinn, Moses, Scott & Grahn, LLF  
320 North Meridian Street, Suite 1100  
Indianapolis, Indiana 46204-1729



9589 0710 5270 1210 3303 04

FIRST-CLASS



US POSTAGE<sup>IMPITNEY BOWES</sup>



ZIP 46204 \$ 009.64<sup>0</sup>  
02 7H  
0006035028 SEP 10 2024

SMITH RICKY & LINDA  
8909 HODGENVILLE RD  
SUMMERSVILLE, KY 42782

**CERTIFIED MAIL<sup>®</sup>**

 Clark, Quinn, Moses, Scott & Grahn, LLF  
320 North Meridian Street, Suite 1100  
Indianapolis, Indiana 46204-1729



9589 0710 5270 1210 3303 11

FIRST-CLASS



US POSTAGE<sup>IMPITNEY BOWES</sup>



ZIP 46204 \$ 009.64<sup>0</sup>  
02 7H  
0006035028 SEP 10 2024

GADDIE TYLER L  
8991 HODGENVILLE RD  
SUMMERSVILLE, KY 42782

**CERTIFIED MAIL<sup>®</sup>**

 Clark, Quinn, Moses, Scott & Grahn, LLF  
320 North Meridian Street, Suite 1100  
Indianapolis, Indiana 46204-1729



9589 0710 5270 1210 3303 28

FIRST-CLASS



US POSTAGE<sup>IMPITNEY BOWES</sup>



ZIP 46204 \$ 009.64<sup>0</sup>  
02 7H  
0006035028 SEP 10 2024

NOE THOMAS L & K KRISTEN  
P O BOX 132  
SUMMERSVILLE, KY 42782



9589 0710 5270 1210 3307 17

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage at Sent To	\$ 9.64

Sent To  
 Street and Apt. # CREASON FAMILY IRR TRUST  
 % KATHY CHASE  
 777 MILBY RATTLIFF RD  
 City, State, ZIP+4 SUMMERSVILLE, KY 42782

9589 0710 5270 1210 3307 24

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage at Sent To	\$ 9.64

Sent To  
 Street and Apt. # NOE CHARLES & THOMAS & KRISTEN  
 609 TAYLOR CHAPEL RD  
 City, State, ZIP+4 SUMMERSVILLE, KY 42782

9589 0710 5270 1210 3307 31

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage at Sent To	\$ 9.64

Sent To  
 Street and Apt. # NELSON DANNIE & ALICE JANE  
 670 DANNY NELSON LANE  
 City, State, ZIP+4 GREENSBURG, KY 42743

9589 0710 5270 1210 3307 48

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage at Sent To	\$ 9.64

Sent To  
 Street and Apt. # RELIFORD JAMES GREGORY  
 210 WINDY HILLS ROAD  
 City, State, ZIP+4 GREENSBURG, KY 42743

9589 0710 5270 1210 3302 50

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage at Sent To	\$ 9.64

Sent To  
 Street and Apt. # HODGES DAVID & DANIEL  
 7015 HODGENVILLE RD  
 City, State, ZIP+4 GREENSBURG, KY 42743

9589 0710 5270 1210 3302 74

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage at Sent To	\$ 9.64

Sent To  
 Street and Apt. # CHASE BARRY  
 8820 HODGENVILLE RD  
 City, State, ZIP+4 SUMMERSVILLE, KY 42782



9589 0710 5270 1210 3302 67

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage and Fees	\$ 9.64
Sent To	

Street and Apt. No. CAMPBELL RHONDA G  
8757 HODGENVILLE RD  
City, State, ZIP+4® SUMMERSVILLE, KY 42782

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 1210 3302 61

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage and Fees	\$ 9.64
Sent To	

Street and Apt. No. MIKE & KEITH'S USED CARS, LLC  
8883 HODGENVILLE ROAD  
City, State, ZIP+4® SUMMERSVILLE, KY 42782

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 1210 3302 98

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage and Fees	\$ 9.64
Sent To	

Street and Apt. No. ESTES KEVIN & KEITH  
& KIMBERLY WILSON  
C/O RONNIE & BRENDA ESTES  
City, State, ZIP+4® 8885 HODGENVILLE RD  
SUMMERSVILLE, KY 42782

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 1210 3303 04

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage and Fees	\$ 9.64
Sent To	

Street and Apt. No. SMITH RICKY & LINDA  
8909 HODGENVILLE RD  
City, State, ZIP+4® SUMMERSVILLE, KY 42782

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 1210 3303 11

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$

Postmark  
Here

Postage	\$ .69
Total Postage and Fees	\$ 9.64
Sent To	

Street and Apt. No. GADDIE TYLER L  
8991 HODGENVILLE RD  
City, State, ZIP+4® SUMMERSVILLE, KY 42782

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 1210 3303 28

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	\$ 4.85
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<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	\$


Postmark  
Here

Postage	\$ .69
Total Postage and Fees	\$ 9.64
Sent To	

Street and Apt. No. NOE THOMAS L & K KRISTEN  
P O BOX 132  
City, State, ZIP+4® SUMMERSVILLE, KY 42782

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions



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>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  NOE THOMAS L & K KRISTEN P O BOX 132 SUMMERSVILLE, KY 42782   9590 9402 9085 4122 6623 60	B. Received by (Printed Name) <i>Tom Noe</i>	C. Date of Delivery 9/17/24
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 9589 0710 5270 1210 3303 28	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt


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>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  ESTES KEVIN & KEITH & KIMBERLY WILSON C/O RONNIE & BRENDA ESTES 8885 HODGENVILLE RD SUMMERSVILLE, KY 42782   9590 9402 9085 4122 6624 07	B. Received by (Printed Name) <i>Kevin Estes</i>	C. Date of Delivery 9-13-24
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 9589 0710 5270 1210 3302 98	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt

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>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  SMITH RICKY & LINDA 8909 HODGENVILLE RD SUMMERSVILLE, KY 42782   9590 9402 9085 4122 6623 91	B. Received by (Printed Name) <i>Ricky Smith</i>	C. Date of Delivery 9-13-24
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 9589 0710 5270 1210 3303 04	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery


Domestic Return Receipt


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  <input checked="" type="checkbox"/> <i>Kathy Chase</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Kathy Chase</i></p> <p>C. Date of Delivery  <i>9-13-20</i></p>
<p>1. Article Addressed to:</p> <p>CREASON FAMILY IRR TRUST          % KATHY CHASE          777 MILBY RATTLIFF RD          SUMMERSVILLE, KY 42782</p>  <p>9590 9402 9085 4122 6624 83</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1210 3307 17</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 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"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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  <input checked="" type="checkbox"/> <i>Kathy Chase</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Kathy Chase</i></p> <p>C. Date of Delivery  <i>9-13-20</i></p>
<p>1. Article Addressed to:</p> <p>CHASE BARRY          8820 HODGENVILLE RD          SUMMERSVILLE, KY 42782</p>  <p>9590 9402 9085 4122 6624 38</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1210 3302 74</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 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"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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  <input checked="" type="checkbox"/> <i>Mike and Keith Used Cars</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Mike</i></p> <p>C. Date of Delivery  <i>9-13-20</i></p>
<p>1. Article Addressed to:</p> <p>MIKE &amp; KEITH'S USED CARS, LLC          8883 HODGENVILLE ROAD          SUMMERSVILLE, KY 42782</p>  <p>9590 9402 9085 4122 6624 14</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1210 3302 81</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 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"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



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  <input checked="" type="checkbox"/> <i>Charles Roe</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>NOE CHARLES &amp; THOMAS &amp; KRISTEN          609 TAYLOR CHAPEL RD          SUMMERSVILLE, KY 42782</p>  <p>9590 9402 9085 4122 6624 69</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1210 3307 24</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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  <input checked="" type="checkbox"/> <i>Alice Nelson</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  <i>Alice Nelson</i> 9-14-24</p>
<p>1. Article Addressed to:</p> <p>NELSON DANNIE &amp; ALICE JANE          670 DANNY NELSON LANE          GREENSBURG, KY 42743</p>  <p>9590 9402 9085 4122 6624 76</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1210 3307 31</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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  <input checked="" type="checkbox"/> <i>Tyler L Gaddie</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  <i>Tyler L Gaddie</i> 9-14-24</p>
<p>1. Article Addressed to:</p> <p>GADDIE TYLER L          8991 HODGENVILLE RD          SUMMERSVILLE, KY 42782</p>  <p>9590 9402 9085 4122 6623 84</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>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1210 3303 11</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

**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:

HODGES DAVID & DANIEL  
7015 HODGENVILLE RD  
GREENSBURG, KY 42743



9590 9402 9085 4122 6624 45

2. Article Number (Transfer from service label)

9589 0710 5270 1210 3302 50

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *David Hodges*

Agent

Addressee

B. Received by (Printed Name)

*David Hodges*

C. Date of Delivery

*7-14-24*

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

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Signature Restricted Delivery



**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CAMPBELL RHONDA G  
8757 HODGENVILLE RD  
SUMMERSVILLE, KY 42782



9590 9402 9085 4122 6624 21

2. Article Number (Transfer from service label)

9589 0710 5270 1210 3302 67

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Rhonda Campbell*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-10-24

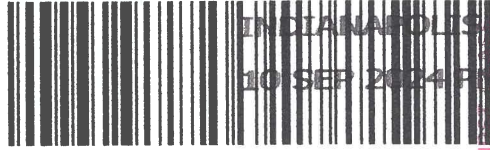
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

**CERTIFIED MAIL®**

rk, Quinn, Moses, Scott & Grahn, LLF  
North Meridian Street, Suite 1100  
anapolis, Indiana 46204-1729



INDIANAPOLIS IN 460

10 SEP 2024 PM 4 L

US POSTAGE IMPITNEY BOWES



ZIP 46204  
02 7H  
0006035028

**\$ 009.64<sup>0</sup>**

SEP 10 2024

9589 0710 5270 1210 3307 48



UNCLAIMED

9-13-24

9-18  
9-20

RELIFORD JAMES GREGORY  
210 WINDY HILLS ROAD  
GREENSBUR

NIXIE 402 DE 1 0010/03/24

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

UNL

EC: 46204172975 2012-01428-10-EE

42743-0958723

