

9589 0710 5270 3105 5051 70

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

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

LEES SUMMIT MO 64051

OFFICIAL USE

Certified Mail Fee \$5.50
 \$4.40

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$0.00
<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 \$2.17

Total Postage and Fees \$11.07

Sent to
 Anthony Dean E. Elizabeth Volting
 Street and Apt. No., or PO Box No.
 2009 ASHURST DRIVE
 City, State, ZIP+4®
 LEES SUMMIT MO 64051

Postmark Here
 01/07/2026

PS Form 3800, January 2023 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:

Anthony Dean & Joan
 Elizabeth Volting
 2009 NW Ashurst Dr.
 Lees Summit Mo 64051



9590 9402 9792 5266 2497 86

2. Article Number (Transfer from service label)
 89 0710 5270 3105 5051 70

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Joan E. Volting

C. Date of Delivery
 1-8-26

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 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) | |

9589 0710 5270 3105 5051 32

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

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

Lee's Summit, MO 64081

Certified Mail Fee	\$5.30	0063 Postmark Here 01/07/2026
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<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	\$2.17	
Total Postage and Fees	\$11.87	
Sent to Stanley Deborah & John Street and Apt. No., or PO box No. 2013 Ashurst Drive City, State, ZIP+4® Lee's Summit, MO 64081		

PS Form 3800, January 2023 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:

Stanley, Deborah Geneva
 2013 Ashurst Drive
 Lee's Summit MO 64081



9590 9402 9792 5266 2497 48

2. Article Number (Transfer from service label)

9589 0710 5270 3105 5051 32

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

John & Frank 1/8/25

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

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 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 | |

Mail Restricted Delivery (300)

9589 0710 5270 3105 5051 18

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

For delivery information, visit our website at www.usps.com
 Overland Park, KS 66212

OFFICIAL USE

Certified Mail Fee \$5.30

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 0.00
<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 \$2.17

Total Postage and Fees \$11.87

Sent To
 Street and Apt. No., or P.O. Box No.
 City, State, ZIP+4®

Woodside Ridge Master
 10660 Barkley St.
 Overland Park, KS 66212

Postmark Here
 01/07/2026

PS Form 3800, January 2023 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:

Woodside Ridge Master Homes
 10660 Barkley St.
 Suite 200
 Overland Park, KS 66212

2. Article Number (Transfer from service label)

9590 9402 9792 5266 2497 24

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Dustin Pratt

C. Date of Delivery
 1-9-26

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 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

9589 0710 5270 3105 5051 63

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

For delivery information, visit our website at www.usps.com®.
 Lees Summit, MO 64081

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<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	\$2.17
Total Postage and Fees	\$7.47

Postmark Here
0063
01/07/2026

Sent To: Megan Hamilton
 Street and Apt. No., or PO Box No.: 412 NW SHAMROCK AVE
 City, State, ZIP+4®: Lees Summit, MO 64081

PS Form 3800, January 2023 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:
Megan Hamilton
412 NW Shamrock Ave.
Lees Summit MO 64081

2. Article Number (Transfer from service label)
9589 0710 5270 3105 5051 63



COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Megan Hamilton Agent
 Address

B. Received by (Printed Name) Date of Delivery
Megan Hamilton

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

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

9589 0710 5270 3105 5051 87

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

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

Lee Summit, MO 64081

Certified Mail Fee \$15.30

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$6.40
<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 \$2.17

Total Postage and Fees \$11.87

Postmark Here: 0063 99 01/07/2026

Sent To: Blue Ridge Bank + Trust
 Street and Apt. No., or PO Box No.: 1812 NW CHIPMAN ROAD
 City, State, ZIP+4®: LEE'S SUMMIT MO 64081

PS Form 3800, January 2023 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:
 Blue Ridge Bank + Trust
 1812 NW Chipman Rd.
 Lee Summit, MO 64081



9590 9402 9792 5266 2498 09

2. Article Number (Transfer from service label)
 9589 0710 5270 3105 5051 87

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Nathan Clapp Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Nathan Clapp 1-8-26

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

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 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"/> Registered Mail Restricted Delivery (over \$500)	

9589 0710 5270 3105 5050 95

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

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

Lee's Summit MO 64081

Certified Mail Fee \$15.30

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<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 \$2.17

Total Postage and Fees \$17.47

Sent To Jimmy & Deborah Slitt

Street and Apt. No., or PO Box No. 414 NW SHAMROCK AVE

City, State, ZIP+4® LEE'S SUMMIT, MO 64081

0063
01/07/2026

PS Form 3800, January 2023 PSN 7550-02-000-9047 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:

Jimmy & Deborah Slitt
 414 NW Shamrock Ave
 Lee's Summit MO 64081

2. Article Number (Transfer from service label)

9589 0710 5270 3105 5050 95

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Deb Slitt Agent
 Addressee

B. Received by (Printed Name) Deborah Slitt

C. Date of Delivery 1-8-26

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 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"/> Registered Mail Restricted Delivery (over \$500)	

9589 0710 5270 3105 5051 25

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

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

Lex Summit, MO 64081

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	\$4.40
<input type="checkbox"/> Return Receipt (hardcopy)	\$3.00
<input type="checkbox"/> Return Receipt (electronic)	\$1.00
<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	\$2.17
Total Postage and Fees	\$11.87

0063
 05
 Postmark Here
 01/07/2026

Sent To
 Erica Laura Brandt
 Street and Apt. No., or PO Box No.
 411 Shamrock Ave.
 City, State, ZIP+4®
 Lex's Summit MO 64081

PS Form 3800, January 2023 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:
 Erica Laura Brandt
 411 NW Shamrock Ave.
 Lex's Summit, MO 64081



9590 9402 9792 5266 2497 31

Article Number (Transfer from service label)
 589 0710 5270 3105 5051 25

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Laura Brandt 1-8-26
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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 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) | |

9589 0710 5270 3105 5051 94

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

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

Lees Summit, MO 64081

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$4.40
<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	\$2.17
Total Postage and Fees	\$11.87

Postmark Here
 01/07/2026

Sent To: Jacob & Gina Taylor
 Street and Apt. No., or PO Box No. 410 NW SHAMROCK AVE.
 City, State, ZIP+4® LEES SUMMIT, MO 64081

PS Form 3800, January 2023 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:
Jacob & Gina Taylor
410 NW Shamrock Ave
Lees Summit, MO 64081



9590 9402 9792 5266 2497 93

2. Article Number (Transfer from service label)
 9589 0710 5270 3105 5051 94

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Addressee
 Agent

B. Received by (Printed Name) Jacob Taylor
 C. Date of Delivery 1-8-26

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 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"/> Registered Mail Restricted Delivery (over \$500)	

9589 0710 5270 3105 5050 88

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

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

Lee's Summit, MO 64001

Certified Mail Fee	\$5.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<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 \$2.17

Total Postage and Fees \$11.07

0063
 99
 Postmark Here
 01/07/2026

Sent To Craig Robison
 Street and Apt. No., or P.O. Box No. 408 NW SHAMROCK AVE.
 City, State, ZIP+4® LEE'S SUMMIT, MO 64081

PS Form 3800, January 2023 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:
Craig Robison
~~408 NW Shamm~~
408 NW Shamrock Av.
Lee's Summit Mo 64081



9590 9402 9792 5266 2488 19

2. Article Number (Transfer from service label)

589 0710 5270 3105 5050 88

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Addressee
 Agent

B. Received by (Printed Name) Craig Robison

C. Date of Delivery 1-8-26

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

9589 0710 5270 3105 5051 56

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

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

Lee's Summit MO 64063

Certified Mail Fee	\$15.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<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	\$2.17
Total Postage and Fees	\$17.47

Postmark Here
01/03/2026

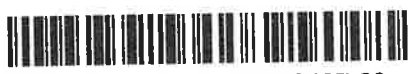
Sent To
 Street and Apt. No., or PO Box No.
 City, State, ZIP+4®
 City of Lee's Summit
 PO Box 1600
 Lee's Summit

PS Form 3800, January 2023 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:
 City of Lee's Summit
 Po Box
 Lee Summit, MO 64081



9590 9402 9792 5266 2497 62

2. Article Number (Transfer from service label)

9589 0710 5270 3105 5051 56

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Craig Wilkard Agent
 Addressee

B. Received by (Printed Name) *CRAIG WILKARD* C. Date of Delivery *1/3/2026*

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 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 | |

ad Mail Restricted Delivery \$500

9589 0710 5270 3105 5051 49

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
Lee's Summit, MO 64081	
Certified Mail Fee \$5.30	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<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	Postage \$2.17
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	Total Postage and Fees \$11.87
Sent To Jeffrey W. Harshe	
Street and Apt. No., or PO Box No. 2005 NW ASHWEST DRIVE	
City, State, ZIP+4® Lee's Summit, MO 64081	
PS Form 3800, January 2023 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:
 Jeffrey William Harshe
 2005 NW Ashwest Dr.
 Lee's Summit, MO 64081

2. Article Number (Transfer from service label)



95 9590 9402 9792 5266 2497 55

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:

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 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 | |

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

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

ADDRESS: CITY: MD 24111

Certified Mail Fee \$ 3.50

- Extra Services & Fees (check box, add fee as appropriate)
- Return Receipt (hardcopy) \$ 2.80
 - Return Receipt (electronic) \$ 0.00
 - Certified Mail Restricted Delivery \$ 0.00
 - Adult Signature Required \$ 0.00
 - Adult Signature Restricted Delivery \$ 0.00

Postmark
Here

Postage \$ 0.00

Total Postage and Fees \$ 3.50

Sent to: MARYLAND SCOTT LLC
Street and Apt. No., or P.O. Box No.
605 NW 47TH ST, STE 200
City, State, ZIP+4®
KCMC 0412

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

THIS ENTITY DID NOT RETURN THE RETURN RECEIPT.
BUT WE KNOW THEY RECEIVED THE CERTIFIED
MAILING BECAUSE THEY LEFT THE FOLLOWING MESSAGE
ON ERIC SCOTT'S OFFICE LINE. THEY WILL BE COPIED
ON THE MINUTES FROM THE 1.15.26 NEIGHBORHOOD MTG.

escott (Eric Scott)

From: tel: 8163792726 <non-mail-user@ipbxmail.surewest.net>
Sent: Tuesday, January 20, 2026 12:03 PM
To: Eric Scott
Subject: Fwd: Voice message from BLOCK AND COMPA (8163792726) to 8163472139
Attachments: message.wav

The attached message was recently left in your voicemail account for 8163472139. We are sending you this email because you have asked for your messages to be forwarded to this address.

Hello, my name is Marlana Brown. I am a property manager for one of the neighbor neighborhoods in your neighborhood. I was not able to attend that neighborhood meeting. Do you have like some meeting notes or something that you could send me? Not exactly what all was discussed if you could e-mail that to me. My e-mail address is M brown. That's MB ROWN at block BLOCK and. Co, that's BLOCKAN. dco.com. That's Marlana. I'm sorry, it's m.brown@blockandco.com. Thank you. My number is 816. 379-2726 Thank you. Bye.

LS_ADD	CITY	ZIP	owner_name	in_care_of	owner_address_line_1	owner_city	state	zip_code
1808 NW CHIPMAN RD	LEES SUMMIT	64,081	SUMMIT WOODS GLOBAL LLC	No Data	605 W 47TH ST STE 200	KANSAS CITY	MO	64112
1804 NW CHIPMAN RD	LEES SUMMIT	64,081	SUMMIT WOODS GLOBAL LLC	No Data	605 W 47TH ST STE 200	KANSAS CITY	MO	64112
1812 NW CHIPMAN RD	LEES SUMMIT	64,081	BLUE RIDGE BANK & TRUST CO	% JEFF WALTERS	4200 LITTLE BLUE PKWY STE 100	INDEPENDENCE	MO	64057
411 NW SHAMROCK AVE	LEES SUMMIT	64,081	BRANDT ERIC RAY & LAURA JO	No Data	411 NW SHAMROCK AVE	LEES SUMMIT	MO	64081
414 NW SHAMROCK AVE	LEES SUMMIT	64,081	STITT JIMMY E & DEBORAH J	No Data	414 NW SHAMROCK AVE	LEES SUMMIT	MO	64081
408 NW SHAMROCK AVE	LEES SUMMIT	64,081	ROBISON CRAIG M	No Data	408 NW SHAMROCK AVE	LEES SUMMIT	MO	64081
410 NW SHAMROCK AVE	LEES SUMMIT	64,081	HARRIS JASON & CAMPBELL KATHERINE - Jacob & Gina Taylor	No Data	410 NW SHAMROCK AVE	LEES SUMMIT	MO	64081
412 NW SHAMROCK AVE	LEES SUMMIT	64,081	HAMILTON MEGAN E	No Data	412 NW SHAMROCK AVE	LEES SUMMIT	MO	64081
1805 NW ROSE CT	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
1801 NW OBRIEN RD	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
307 NW CRAIGMONT DR	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
400 NW CRAIGMONT DR	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
2020 NW OBRIEN RD	LEES SUMMIT	64,081	PREMIERLIFE REAL ESTATE HOLDINGS	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
550 NW PRYOR RD	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	500 N MURRAY RD	LEES SUMMIT	MO	64063
2013 NW ASHURST DR	LEES SUMMIT	64,081	STANLEY JOHN S & DEBORAH M GENOVA	No Data	2013 NW ASHURST DR	LEES SUMMIT	MO	64081
No Data	No Data	No Data	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
1900 NW OBRIEN RD	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
601 NW LILAC PL A	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
612 NW PRYOR RD	LEES SUMMIT	64,081	PREMIERLIFE REAL ESTATE HOLDINGS	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
1811 NW CHIPMAN RD	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
541 NW SHAMROCK AVE	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
2001 NW ASHURST DR	LEES SUMMIT	64,081	WOODSIDE RIDGE MASTER HOMES ASSOCIATION INC	% YOUNG MANAGEMENT GROUP	10660 BARKLEY ST STE 200	OVERLAND PARK	KS	66212
1800 NW OBRIEN RD	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
No Data	No Data	No Data	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
2005 NW ASHURST DR	LEES SUMMIT	64,081	HANSHEW JEFFREY WILLIAM	No Data	2005 NW ASHURST DR	LEES SUMMIT	MO	64081
No Data	No Data	No Data	PREMIERLIFE REAL ESTATE HOLDINGS	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
501 NW SHAMROCK AVE	LEES SUMMIT	64,081	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
1901 NW CHIPMAN RD	LEES SUMMIT	64,081	PREMIERLIFE REAL ESTATE HOLDING	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
1901 NW LOWENSTEIN DR	LEES SUMMIT	64,081	CITY OF LEES SUMMIT	No Data	PO BOX 1600	LEES SUMMIT	MO	No Data
610 NW PRYOR RD	LEES SUMMIT	64,081	PREMIERLIFE REAL ESTATE HOLDINGS	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
2000 NW ASHURST DR	LEES SUMMIT	64,081	WOODSIDE RIDGE MASTER HOMES ASSOCIATION INC	% YOUNG MANAGEMENT GROUP	10660 BARKLEY ST STE 200	OVERLAND PARK	KS	66212
300 NW PRYOR RD	LEES SUMMIT	64,081	PREMIERLIFE REAL ESTATE HOLDINGS	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
No Data	No Data	No Data	JOHN KNOX VILLAGE	No Data	400 NW MURRAY RD	LEES SUMMIT	MO	64081
2009 NW ASHURST DR	LEES SUMMIT	64,081	ANTHONY DEAN NOLTING & JOAN ELIZABETH NOLTING CO-GRANTOR TRUST DATED 03-11-2016	JOAN ELIZABETH NOLTING-TRUSTEE	2009 NW ASHURST DR	LEES SUMMIT	MO	64081