

ET85 9019 0000 0825 6T0 119 2280 0000 6106 2790 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 2. Article Number (Transfer from service label) Print your name and address on the reverse ■ Complete items 1, 2, and 3. SENDER: COMPLETE THIS SECTION PS Form 3811, July 2015 PSN 7530-02-000-9053 2. Article Number (Transfer from service label) Print your name and address on the reverse Complete items 1, 2, and 3. Attach this card to the back of the mailpiece, or on the front if space permits. so that we can return the card to you. Attach this card to the back of the mailpiece, Walters & Sons LLC so that we can return the card to you. or on the front if space permits. Stephan Steventannie 129 SE 3rd St 378 Winnebaso Dr Lee's Summit, Mo 44063 Lake Windeberg, MO 84063 9590 9402 5318 9154 4325 44 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail | Descrifted Mail® | Delivery | Service Type Adult Signature Adult Signature Restricted Delivery Insured Mail Restricted Delivery (over \$500) D. Is delivery address different from item 1?/ If YES, enter delivery address below: COMPLETE THIS SECTION ON DELIVERY B. Received by (Printed Name) COMPLETE THIS SECTION ON DELIVERY Received by (Printed Name) Is delivery address different from item 1? If YES, enter delivery address below: Signature Confirmation 2. Art Restricted Delivery 119 □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restric Delivery Domestic Return Receit PS Form 3811, July 2015 PSN 7530-02-000-9053 ☐ Return Receipt for Merchandise ☐ Priority Mail Express ☐ Registered Mail™ ☐ Registered Mail Rest Delivery ☐ Signature Confirmati ☐ Return Receipt for Merchandise C. Date of Deli ☐ Agent O No □ □ × es ☐ Agent☐ Addres ac. PS Form 3811, July 2015 PSN 7530-02-000-9053 7019 2280 0000 6106 2639 SENDER: COMPLETE THIS SECTION 2. Article Number (Transfer from service label) Print your name and address on the reverse 2 Article Number Transfer from contine labor Attach this card to the back of the mailpiece, ■ Complete items 1, 2, and 3. SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Article Addressed to: Print your name and address on the reverse so that we can return the card to you or on the front if space permits. or on the front if space permits. Attach this card to the back of the mailpiece, so that we can return the card to you. 209 SE Douglas St Dunder Mifflia ProportiosLic 3rd St Restaurent 185. LC Lee's Summit, Molious 0922 123 SE 3rd St Lee's Summit, Mobiles 9590 9402 5318 9154 4327 11 1892 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery Insured Mail Restricted Delivery (over \$500) 3. Service Type Adult Signature Adult Signature Adult Signature Cardified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? B. Received by (Prin x thronda Collect on Delivery Restricted Delivery COMPLETE THIS SECTION ON DELIVERY Service Type If YES, enter delivery address below: If YES, enter delivery address below: ☐ Priority Mail Express® ☐ Registered Mail[™] ☐ Registered Mail Restricted Delivery ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Domestic Return Receipt Domestic Return Receipt ☐ Signature Confirmation ☐ Signature Confirmation Restricted Délivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation ☐ Return Receipt for Merchandise C. Date of Delivery C. Date of Delivery □ Yes □ Yes ☐ Addressee ☐ Agent

SENDER: COMPLETE THIS SECTION Print your name and address on the reverse SENDER: COMPLETE THIS SECTION PS Form 3811, July 2015 PSN 7530-02-000-9053 Print your name and address on the reverse ■ Complete items 1, 2, and 3. 2. Article Number (Transfer from service label) Complete items 1, 2, and 3. PS Form 3811, July 2015 PSN 7530-02-000-9053 Attach this card to the back of the mailpiece, so that we can return the card to you. or on the front if space permits. Attach this card to the back of the mailpiece, so that we can return the card to you. Article Addressed to: or on the front if space permits. Krisht Ray Et Donne L-Truste Charles W WHEELER TERST 601500 Whiteriage Dr 304 SE Johnson St Ler's Summit, mo64081 Lec's Summid, Mo biloh3 D 유 김 교 2280 0000 6106 2561 9590 9402 5318 9154 4326 81 9019 0000 0992 3. Service Type Adult Signature Adult Signature Adult Signature Adult Signature Catified Mail Certified Mail Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery 3. Service Type Adult Signature Adult Signature Adult Signature Coefficied Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery COMPLETE THIS SECTION ON DELIVERY COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? ☐ Yes A. Signature D. Is delivery address different from item 1? B. Received by (Printed Name) Insured Mail Restricted Delivery (over \$500) If YES, enter delivery address below: If YES, enter delivery address below: LEE'S SUM Domestic Return Recei, PS Form 3811, July 2015 PSN 7530-02-000-9053 ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restric Domestic Return Receit, PS Form 3811, July 2015 PSN 7530-02-000-9053 ☐ Signature Confirmation ☐ Return Receipt for Signature Confirmation 217618 C. Date of Delivery Date of Delive NNO ONO ☐ Yes □ Agent ☐ Agent Addresse SENDER: COMPLETE THIS SECTION Print your name and address on the reverse ■ Complete items 1, 2, and 3. 3014 5580 0000 PTOP 2. Article Number (Transfer from service label) 7019 2280 0000 6106 2547 SENDER: COMPLETE THIS SECTION 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, ■ Complete items 1, 2, and 3. or on the front if space permits. Attach this card to the back of the mailpiece, 2. Article Number (Transfer from service label) Article Addressed to: or on the front if space permits. so that we can return the card to you. 2365 SE langsfood Rd Red Bud Hill Properties LL Lee's Summil, MO 64062 Donathy Smith 304 SE looper St 9590 9402 5318 9154 4328 34 Lee's Summit, Mo bylob3 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 3. Service Type | Adult Signature | Adult Signature | Adult Signature | Certified Mail® | Certified Mail® | Certified Mail® | Collect on Delivery | Collect on Delivery Restricted Delivery COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? ☐ Yes COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? If YES, enter delivery address below: B. Received by (Printed Name, A. Signature If YES, enter delivery address below: Received by (Printed Name) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Domestic Return Receipt ☐ Signature Confirmation ☐ Signature Confirmation ☐ Return Receipt for Merchandise ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Domestic Return Receipt ☐ Return Receipt for Merchandise ☐ Signature Confirmation ☐ Signature Confirmation C. Date of Delivery Date of Delivery -242 O No ☐ Addressee ☐ Agent ☐ Addressee Agent

6.00

670 PS Form 3811, July 2015 PSN 7530-02-000-9053 2 Article Number (Transfer from service label) SENDER: COMPLETE THIS SECTION 7019 2280 0000 L106 2592 Print your name and address on the reverse ■ Complete items 1, 2, and 3. PS Form 3811, July 2015 PSN 7530-02-000-9053 Article Number (Transfer from service label) SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. or on the front if space permits. Attach this card to the back of the mailpiece, so that we can return the card to you. 25207 Milton Thompson Rd Article Addressed to: or on the front if space permits. Attach this card to the back of the mailpiece, Print your name and address on the reverse Words Raymond Rothern K-11 so that we can return the card to you. Foster Properties II We 2515 NW Broom Possif Cin Lee's Summit, mollost Lee's Summit, Moudo81 9590 9402 5318 9154 4327 66 9019 0000 3. Service Type Adult Signature Adult Signature Restricted Delivery Proertified Mail Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery 3. Service Type Adult Signature Adult Signature Restricted Delivery De Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? If YES, enter delivery address below: COMPLETE THIS SECTION ON DELIVERY B. Raceived by (Printed Name) Is delivery address different from item If YES, enter delivery address below: Received by (Printed Name) ☐ Signature Confirm☐ Signature Confirm☐ Restricted Delive ☐ Priority Mail Expr☐ Registered Mail™☐ Registered Mail F☐ Delivery Domestic Return R PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Rece PS Form 3811, July 2015 PSN 7530-02-000-9053 ☐ Return Receipt for Merchandise ☐ Priority Mail Express ☐ Registered Mail™ ☐ Registered Mail Rest Delivery □ Signature Confirmati □ Signature Confirma 2. Article Number (Transfer from service label) ☐ Return Receipt for Merchandise Restricted Deliver C. Date of D □ Add □ Age: O No ☐ Yes □ Nes ☐ Agent ☐ Addre 7019 2280 0000 6106 2523 SENDER: COMPLETE THIS SECTION Print your name and address on the reverse 7019 2280 0000 6106 2691 Article Number (Transfer from service label) Attach this card to the back of the mailpiece, Complete items 1, 2, and 3. Clo Husk H Ryan Law Office or on the front if space permits. so that we can return the card to you. ■ Complete items 1, 2, and 3. 200 SE 2nd St Ryan Hush Ha Marsic L Print your name and address on the reverse SENDER: COMPLETE THIS SECTION Attach this card to the back of the mailpiece. Article Addressed to: or on the front if space permits. 9590 9402 5318 9154 4328 58 so that we can return the card to you. 9590 9402 5318 9154 4326 50 4705 Contral St 3 Greenstoret Lic Kansas lity, mobiliz Summit, Mo 41063 3. Service Type Adult Signature Adult Signature Adult Signature Certified Mail® Certified Mail® Coentified Mail® Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail 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 B. Received by (Printed Name) A. Signature COMPLETE THIS SECTION ON DELIVERY Insured Mail Restricted Delivery Is delivery address different from item 1? If YES, enter delivery address below: COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? If YES, enter delivery address below: A. Signature B. Received by (Printed Name, □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery Domestic Return Receipt ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery ☐ Return Receipt for Merchandise Domestic Return Receipt ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Return Receipt for Merchandise ☐ Registered MailTM ☐ Registered Mail Restricted 9 □ Priority Mail Express® Restricted Delivery Date of Delivery C. Date of Delivery □ N es ☐ Addressee O No ☐ Addressee Agent

5.00 SENDER: COMPLETE THIS SECTION PS Form 3811, July 2015 PSN 7530-02-000-9053 2. Article Number (Transfer from service label) Print your name and address on the reverse 1. Article Addressed to: 2. Article Number (Transfer from service label) SENDER: COMPLETE THIS SECTION Attach this card to the back of the mailpiece. Print your name and address on the reverse Complete items 1, 2, and 3. Complete items 1, 2, and 3. or on the front if space permits. Attach this card to the back of the mailpiece so that we can return the card to you. 7019 2280 0000 6106 5012 Form 3811, July 2015 PSN 7530-02-000-9053 or on the front if space permits. so that we can return the card to you. SMAY LOU SE 3rd LLC 201 SE Johnson, St James + Rachard Tell 10d SE 31d St 9590 9402 5318 9154 4327 73 lee's Summit, mo wood 9590 9402 5318 9154 4327 59 Lee's Summit, Mobilo63 9019 0000 3. Service Type Adult Signature Adult Signature Adult Signature Restricted Delivery Z'Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery 3. Service Type Adult Signature Adult Signature Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail A. Signature D. Is delivery address different from item 1? If YES, enter delivery address below: COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? If YES, enter delivery address below: COMPLETE THIS SECTION ON DELIVERY A. Signature Service Type ed Mail Restricted Delivery \$500) Idamo Agent Addres ☐ Priority Mail Express(☐ Registered Mail™☐ Registered Mail Restinelly Delivery Domestic Return Rece PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return R PS Form 3811, July 2015 PSN 7530-02-000-9053 Signature Confir 2. Article Number of Restricted Delive (179 2280 □ Priority Mail Expr □ Registered Mail^{TI} □ Registered Mail F □ Delivery ☐ Signature Confirmatic 2 Article Number (Transfer from service label) ☐ Return Receipt for Merchandise ☐ Return Receipt for Merchandise Restricted Delivery 119 C. Date of Deliv C. Date of [O No ☐ Yes ONO □ Yes ☐ Age Print your name and address on the reverse ■ Complete items 1, 2, and 3. 2. Article Number (Transfer from service lehall SENDER: COMPLETE THIS SECTION Article Addressed to: Attach this card to the back of the mailpiece, ■ Complete items 1, 2, and 3. SENDER: COMPLETE THIS SECTION Article Addressed to: Attach this card to the back of the mailpiece, Print your name and address on the reverse so that we can return the card to you. or on the front if space permits 3742 Main St or on the front if space permits. so that we can return the card to you. ASIF Lust 9590 9402 5318 9154 4326 74 2280 0000 6106 2738 407 SE Grand Ave Lansas City, MO LYIII 111 68 2nd street LLC Lee's Summit, MO 41063 9590 9402 5318 9154 4326 05 9019 0000 2677 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery 3. Service Type Adult Signature Adult Signature Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Insured Mail Restricted Delivery (over \$500) ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Signature Confirmation □ Collect on Delivery □ Certified Mail Restricted Delivery Certified Mail® D. Is delivery address different from item 1? Yes If YES, enter delivery address below: A. Signature B. Received by (Printed Name) COMPLETE THIS SECTION ON DELIVERY COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? B. Received by (Printed Name) HYRY Z If YES, enter delivery address below: ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Domestic Return Receipt ☐ Return Receipt for Merchandise Domestic Return Receipt ☐ Signature Confirmation ☐ Signature Confirmation Restricted Delivery □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery ☐ Return Receipt for Restricted Delivery C. Date of Delivery C. Date of Delivery ☐ Addressee Agent ☐ Agent☐ Addressee ONO

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

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

B. Received by (Printed Name)

☐ Agent☐ AddresseeC. Date of Delivery

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David + Kathleen lause 304 SE Cooper St Lee's Summit, MD 64067

9590 9402 5318 9154 4328 27
Article Number (Transfer from service label)

MESALADED SAMON SORES LTD2

PS Form 3811, 044/2015 PSNY530-935300-9953

3. Service Type

| Adult Signature | Registered Mail Express® | Registered Mail Restricted Delivery | Registered Mail Restricted Delivery | Registered Mail Restricted Delivery | Return Receipt for Merchandise | Registered Mail Restricted Delivery | Return Receipt for Merchandise | Registered Mail Restricted Delivery | Return Receipt for Merchandise | Restricted Delivery | Return Receipt for Merchandise | Restricted Delivery | Restricted

Domestic Return Receipt

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