

# EXHIBIT -A



DEFENDANT: MICHAEL W. BINKLEY

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/23/2024 02:51 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Franklin, TN 37069			
Weight: 3 lb 10.60 oz			
Expected Delivery Date Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name MICHAEL W BINKLEY			
Tracking #:	7020316000230014711		
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0685 03			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$31.10

Credit Card Remit \$31.10

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 313215  
Transaction #: 660  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5521667-2  
Clerk: 6

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Franklin, TN 37069

**OFFICIAL RECEIPT**  
LINDEN, MI 48451  
0451  
6  
Postmark Here  
AUG 23 2024  
08/23/2024  
USPS

Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$12.75
<input checked="" 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	\$14.25
Total Postage and Fees	\$31.10

**MICHAEL W. BINKLEY**  
FRANKLIN, TN 37069-  
Instructions

**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:

**MICHAEL W. BINKLEY**  
FRANKLIN, TN 37069-



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  Addressee

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

**This USPS Return Receipt  
Mysteriously Disappeared,  
Was Never Returned Even  
After Successful Delivery.**

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  
 Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt



DEFENDANT: ELAINE B. BEELER

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800) 275-8777

08/24/2024 11:25 AM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 10.80 oz			
Expected Delivery Date Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name ELAINE B BEELER			
Tracking #: 70203160000230014704			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0684 97			
<b>Total</b>			<b>\$31.10</b>
<hr/>			
<b>Grand Total:</b>			<b>\$147.60</b>
<hr/>			
Credit Card Remit			\$147.60
Card Name: VISA			
Account #: XXXXXXXXXXXX8359			
Approval #: 014252			
Transaction #: 185			
AID: A0000000031010 Chip			
AL: VISA CREDIT			
PIN: Not Required			
<hr/>			
UFN: 255460-0451			
Receipt #: 840-54930036-3-6753461-2			
Clerk: 06			

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Franklin, TN 37064

**OFFICIAL USE**

Certified Mail Fee	\$4.10	0451
Extra Services & Fees (check box, add fee as appropriate)		06
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.00	
<input type="checkbox"/> Return Receipt (electronic)	\$12.75	
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$14.25	
Total Postage and Fees	\$31.10	
Sent		
<b>ELAINE B. BEELER</b>		
Street		
City	<b>FRANKLIN, TN 37064</b>	

PS Form 3811, April 2013 PSN 7530-02-000-9053 See reverse for instructions

**USPS TRACKING#**

NASHVILLE TN 370

26 AUG 2024 PM 2 L

9590 9402 8627 3244 0684 97

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

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"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><b>ELAINE B. BEELER</b> [REDACTED] <b>FRANKLIN, TN 37064</b></p> <p>9590 9402 8627 3244 0684 97</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><b>This USPS Return Receipt Was Mysteriously Missing A Signature and Any Information About Delivery</b></p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0002 3001 4704</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 type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" 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)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt



DEFENDANT: VIRGINIA LEE STORY

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 11:25 AM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 10.60 oz			
Expected Delivery Date Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name VIRGINIA L STORY			
Tracking #: 7020316000230014919			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0682 20			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 014252  
Transaction #: 185  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753461-2  
Clerk: 06

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Franklin, TN 37064

Certified Mail Fee \$4.10

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

- Return Receipt (hardcopy) \$4.10
- Return Receipt (electronic) \$0.00
- Certified Mail Restricted Delivery \$10.00
- Adult Signature Required \$0.00
- Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10

**VIRGINIA LEE STORY**  
FRANKLIN, TN 37064

FRANKLIN, MI 48451  
AUG 24 2024  
Postmark Here  
USPS  
08/24/2024

USPS TRACKING # 9590 9402 8627 3244 0682 20

Franklin, TN 37064

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

**17195 SILVER PKWY  
PMB #150  
FENTON, MI 48430-3426**

**"Restricted Delivery" but not signed by DEFENDANT as required.**

**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:  
**VIRGINIA LEE STORY**  
FRANKLIN, TN 37064

2. Article Number (Transfer from...)  
7020 3160 0002 3001 4919

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)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
*Kim Rudel*

B. Received by (Printed Name)  
C. Date of Delivery  
8/26/2024

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

**RESTRICTED DELIVERY**

3. Service Type  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

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



DEFENDANT: KATHRYN YARBROUGH

SECOND SERVICE ATTEMPT

RECEIVED SERVICE: 9/06/2024

**UNITED STATES POSTAL SERVICE**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/04/2024 01:45 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Thompsons Station, TN 37179			
Weight: 3 lb 12.00 oz			
Expected Delivery Date			
Fri 09/06/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
KATHRYN L. YARBROUGH			
Tracking #:			
→ 70203160000230014698			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 80			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$85.40

Credit Card Remit \$85.40

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 214054  
Transaction #: 241  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6764826-2  
Clerk: 06

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Thompsons Station, TN 37179

**OFFICIAL USE**

Certified Mail Fee \$4.10

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

<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$14.25

Total Postage and Fees \$31.10

Postmark Here  
SEP 04 2024  
09/04/2024

LINDEN, MI 48451

**KATHRYN YARBROUGH**

Thompsons Station, TN 37179

PS Form 3811, July 2020 PSN 7530-02-000-9057 See Reverse for Instructions

**USPS TRACKING #**

9590 9402 8627 3244 0684 80

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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 <b>X</b> <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><b>KATHRYN YARBROUGH</b> [Redacted] <b>THOMPSONS STATION, TN 37179</b></p> <p>9590 9402 8627 3244 0684 80</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><b>RESTRICTED DELIVERY</b></p>																
<p>2. Article Number (Transfer from service label) 7020 3160 0002 3001 4698</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> 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)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> 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)																	

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



DEFENDANT: MARY BETH AUSBROOKS

RECEIVED SERVICE: 8/26/2024

**UNITED STATES POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 11:25 AM

Product	Qty	Unit Price	Price
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Priority Mail®	1		\$14.25
Goodlettsville, TN 37072			
Weight: 3 lb 10.30 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
MARY B AUSBROOKS			
Tracking #: 7020245000036715204			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0678 10			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$147.60

Credit Card Remit \$147.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 014252  
Transaction #: 185  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753461-2  
Clerk: 06

**U.S. Postal Service™ CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

Goodlettsville, TN 37072

**OFFICIAL USE**

LINDEN, MI 48451

Postmark Here  
AUG 24 2024  
08/24/2024  
USPS

Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee)	\$17.75
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" 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	\$14.25
Total Postage and Fees	\$31.10

**MARY BETH AUSBROOKS**  
**110 GLANCY ST, STE 109**  
**GOODLETTSVILLE, TN 37072-2314**

USPS TRACKING #

7020 2450 0000 3671 5204

9590 9402 8627 3244 0678 10

United States Postal Service

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

\* Sender: Please print your name, address, and ZIP+4® in this box \*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**


"Restricted Delivery" but not signed by DEFENDANT as required.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>MARY BETH AUSBROOKS</b> <b>110 GLANCY ST, STE 109</b> <b>GOODLETTSVILLE, TN 37072-2314</b></p> <p>9590 9402 8627 3244 0678 10</p> <p>7020 2450 0000 3671 5204</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>Judy Dobbin</i></p> <p>B. Received by (Printed Name), <i>JUDY DOBBINS</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><b>RESTRICTED DELIVERY</b></p> <p>3. Service Type <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 <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>



DEFENDANT: ALEXANDER S. KOVAL

RECEIVED SERVICE: 8/26/2024



**UNITED STATES  
POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37211			
Weight: 3 lb 10.80 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ALEXANDER S KOVAL			
Tracking #:			
70203160000230014728			
<b>Total</b>			<b>\$27.00</b>

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Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

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UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

**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	\$0.00
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$14.25
<b>Total Postage and Fees</b>	<b>\$27.00</b>

LINDEN, MI 48451 0751  
Postmark Here  
AUG 24 2024  
USPS

ALEXANDER KOVAL

[REDACTED]

NASHVILLE, TN 37211-[REDACTED]

7020 3160 0002 3001 4728

This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery

DEFENDANT: HENRY EDWARD HILDEBRAND III

RECEIVED SERVICE: 8/26/2024



**UNITED STATES  
POSTAL SERVICE.**

LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37205			
Weight: 3 lb 10.40 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
HENRY E HILDEBRAND			
Tracking #:			
70203160000230014803			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 98			
<b>Total</b>			<b>\$31.10</b>

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Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Nashville, TN 37205

OFFICIAL USE

Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$14.25
Total Postage and Fees	\$31.10

Postmark  
Here  
**AUG 24 2024**  
08/24/2024

HENRY HILDEBRAND III

[REDACTED]

NASHVILLE, TN 37205-[REDACTED]

U.S. Form 3800, April 2018 PSN 75302600807 See reverse for instructions

This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery



DEFENDANT: CHARLES M. WALKER

RECEIVED SERVICE: 8/26/2024



FENTON  
210 S LEROY ST  
FENTON, MI 48430-9998  
(800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.90 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Registered Del			\$12.75
Recipient name			
CHARLES M WALKER			
Tracking #:			
7020316000230014889			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0681 83			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 314260  
Transaction #: 188  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 253200-0431  
Receipt #: 840-54930020-3-6269723-1  
Clerk: 05

**U.S. Postal Service™**  
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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Nashville, TN 37215

**OFFICIAL USE**

Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$12.75
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" 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	\$14.25
<b>Total Postage and Fees</b>	<b>\$31.10</b>

Postmark Here: 0431 05 Sds 05

08/24/2024

**CHARLES M. WALKER**

**NASHVILLE, TN 37215-██████**

SEE REVERSE FOR INSTRUCTIONS

USPS TRACKING#  
NASHVILLE TN 370

25 AUG 2024 PM 2 L

9590 9402 8627 3244 0681 83

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box \*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

"Restricted Delivery" but not signed by DEFENDANT as required.

**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:

**CHARLES M. WALKER**  
██████████  
**NASHVILLE, TN 37215-██████**

2. Article Number (Transfer from service label)  
7020 3160 0002 3001 4889

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
Suzanna Walker

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

9590 9402 8627 3244 0681 83

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



DEFENDANT: SAMUEL F. ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/24/2024 10:59 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Nashville, TN 37215			
Weight: 3 lb 10.70 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SAMUEL F ANDERSON			
Tracking #:			
70203160000230014759			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 42			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$120.30

Credit Card Remit \$120.30

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 904295  
Transaction #: 184  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6753228-2  
Clerk: 06

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Nashville, TN 37215

**OFFICIAL USE**

Certified Mail Fee \$4.10  
 Return Receipt (hardcopy) \$12.75  
 Return Receipt (electronic) \$1.00  
 Certified Mail Restricted Delivery \$10.00  
 Adult Signature Required \$8.00  
 Adult Signature Restricted Delivery \$

Postage \$14.25  
**Total Postage and Fees \$31.10**

Postmark: AUG 24 2024

**SAMUEL F. ANDERSON**  
[Redacted]  
**NASHVILLE, TN 37215**-[Redacted]

7020 3160 0002 3001 4759

**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:

**SAMUEL F. ANDERSON**

[Redacted]  
**NASHVILLE, TN 37215**-[Redacted]



9590 9402 8627 3244 0684 42

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4759

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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



DEFENDANT: JAMES MICHAEL HIVNER

RECEIVED SERVICE: 8/27/2024



**UNITED STATES  
POSTAL SERVICE.**

FENTON  
 210 S LEROY ST  
 FENTON, MI 48430-9998  
 (800)275-8777

08/24/2024 02:06 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$16.95
Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name JAMES M HIVNER			
Tracking #: <span style="color: green;">✓</span> → 70203160000230014834			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0683 81			
<b>Total</b>			<b>\$33.80</b>

---

Grand Total: \$200.20

---

Credit Card Remit \$200.20

Card Name: VISA  
 Account #: XXXXXXXXXXXX8359  
 Approval #: 314260  
 Transaction #: 188  
 AID: A0000000031010 Chip  
 AL: VISA CREDIT  
 PIN: Not Required

---


UFN: 253200-0431  
 Receipt #: 840-54930020-3-6269723-1  
 Clerk: 05

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Memphis, TN 38133

OFFICIAL USE

Certified Mail Fee \$4.10 Extra Services & Fees (check box, add fee as appropriate) <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$0.00 <input type="checkbox"/> Return Receipt (electronic) \$12.75 <input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$0.00 <input type="checkbox"/> Adult Signature Required \$0.00 <input type="checkbox"/> Adult Signature Restricted Delivery \$	0431  Postmark Here
Postage \$16.95	
Total Postage and Fees \$33.80	

**JAMES MICHAEL HIVNER**

████████████████████

**BARTLETT, TN 38133-████████**

7020316000230014834

This USPS Return Receipt  
 Mysteriously Disappeared  
 It was Never Returned After  
 The Successful Delivery

DEFENDANT: ANDY DWANE BENNETT

RECEIVED SERVICE: 9/3/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Hermitage, TN 37076			
Weight: 3 lb 11.20 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
ANDY D BENNETT			
Tracking #: 7020245000036715150			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0682 99			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

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Hermitage, TN 37076

**OFFICIAL USE**

LINDEN, MI 48451

Postmark  
AUG 28 2024

08/28/2024

USPS

**ANDY DWANE BENNETT**

HERMITAGE, TN 37076

Instructions

7020 2450 0000 3671 5150

Certified Mail Fee	
\$	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$4.10
<input type="checkbox"/> Return Receipt (electronic)	\$12.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
\$	\$14.25
Total Postage and Fees	
\$	\$31.10

**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:

**ANDY DWANE BENNETT**  
[REDACTED]  
**HERMITAGE, TN 37076** [REDACTED]



9590 9402 8627 3244 0682 99

2 Article Number (Transfer from service label)

7020 2450 0000 3671 5150

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

A. Signature

X

- Agent
- Addressee

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

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







DEFENDANT: WILLIAM NEAL MCBRAYER

RECEIVED SERVICE: 8/31/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

08/28/2024 04:09 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 11.00 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
WILLIAM N MCBRAYER			
Tracking #:			
→ 7020245000036715136			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 75			
Total			\$31.10

Grand Total: \$303.60

Credit Card Remit \$303.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 518290  
Transaction #: 717  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5531338-2  
Clerk: 6

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OFFICIAL USE

7020 2450 0000 3671 5136

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$	\$12.75
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00
<input type="checkbox"/> Adult Signature Required	\$	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	\$14.25
Total Postage and Fees	\$	\$31.10

Postmark: AUG 28 2024

LINDEN, MI 48451-9998

USPS

WILLIAM NEAL MCBRAYER

BRENTWOOD, TN 37027-██████

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:

**WILLIAM NEAL MCBRAYER**  
████████████████████  
**BRENTWOOD, TN 37027-██████**



9590 9402 8627 3244 0682 75

7020 2450 0000 3671 5136

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- Agent  
 Addressee

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

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



DEFENDANT: TENNESSEE SUPREME COURT

JUSTICE SHARON G. LEE

RECEIVED SERVICE: 9/12/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/10/2024 02:07 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$18.85
Knoxville, TN 37919			
Weight: 9 lb 2.2 oz			
Expected Delivery Date			
Thu 09/12/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SHARRON G LEE			
Tracking #:	7020245000036716188		
Return Receipt			\$4.10
Tracking #:			
9590 9402 8418 3156 9888 87			
<b>Total</b>			<b>\$35.70</b>

Grand Total: \$35.70

Credit Card Remit \$35.70

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 310170  
Transaction #: 818  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5548566-2  
Clerk: 6

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**OFFICIAL USE**

Certified Mail Fee \$4.10

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

Return Receipt (hardcopy) \$3.70

Return Receipt (electronic) \$12.75

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$

Postage \$18.85

Total Postage and Fees \$35.70

**SHARON GAIL LEE**

**KNOXVILLE, TN 37919**

Postmark Here: LINDEN, MI 48451 SEP 10 2024 09/10/2024

7020 2450 0000 3671 6188

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:

**SHARON GAIL LEE**

**KNOXVILLE, TN 37919**



9590 9402 8418 3156 9888 87

2. Article Number (GSN)

7020 2450 0000 3671 6188

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

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

**This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery**

3. Service Type

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

Domestic Return Receipt



DEFENDANT: SANDRA JANE LEACH GARRETT

RECEIVED SERVICE: 9/20/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/18/2024 09:10 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 14.90 oz			
Expected Delivery Date			
Fri 09/20/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
SANDRA J GARRETT			
Tracking #:			
7020245000036716232			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0676 12			
<b>Total</b>			<b>\$31.10</b>

Grand Total: \$142.60

Credit Card Remit \$142.60

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 808101  
Transaction #: 341  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-3-6780830-2  
Clerk: 06

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**OFFICIAL USE**

Certified Mail Fee \$ 0151 06  
Extra Services & Fees (check box, add fee amount to postage)  
 Return Receipt (hardcopy) \$ 12.75  
 Return Receipt (electronic) \$ 0.00  
 Certified Mail Restricted Delivery \$ 10.00  
 Adult Signature Required \$ 0.00  
 Adult Signature Restricted Delivery \$ 0.00  
 Postage \$ 14.25  
 Total Postage and Fees \$ 451.10

Postmark Here: SEP 18 2024 09/18/2024

**SANDRA GARRETT**  
**10 CADILLAC DR STE 220**  
**BRENTWOOD, TN 37027-5078**

**USPS TRACKING #**

NASHVILLE TN 370  
20 SEP 2024 PM 6 L

9590 9402 8627 3244 0676 12

United States Postal Service

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

\* Sender: Please print your name, address, and ZIP+4® in this box\*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

**"Restricted Delivery" but not signed by DEFENDANT as required.**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>SANDRA GARRETT</b> <b>10 CADILLAC DR STE 220</b> <b>BRENTWOOD, TN 37027-5078</b></p> <p>9590 9402 8627 3244 0676 12</p> <p>Article Number (Transfer from address label) 7020 2450 0000 3671 6232</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Molly Lewis</p> <p>C. Date of Delivery</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>3. Service Type  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input checked="" 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 (over \$500)</p> <p> <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                 </p>

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


Domestic Return Receipt



DEFENDANT: COUNTY OF WILLIAMSON TENNESSEE

D.A. STACEY EDMONSON

RECEIVED SERVICE: 9/07/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/05/2024 04:25 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 14.10 oz			
Expected Delivery Date			
Sat 09/07/2024			
Insurance			\$0.00
Up to \$100.00 included			
Certified Mail®			\$4.85
Tracking #: 7020245000036716126			
Return Receipt			\$4.10
Tracking #: 9590 9402 8627 3244 0675 13			
<b>Total</b>			<b>\$23.20</b>
-----			
<b>Grand Total:</b>			<b>\$142.05</b>
-----			
Credit Card Remit			\$142.05
Card Name: VISA			
Account #: XXXXXXXXXXXX8359			
Approval #: 515052			
Transaction #: 785			
AID: A0000000031010 Chip			
AL: VISA CREDIT			
PIN: Not Required			
-----			
UFN: 255460-0451			
Receipt #: 840-54930036-1-5542496-2			
Clerk: 6			

**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**

LINDEN, MI 48451

Postmark: SEP - 5 2024

09/05/2024

USPS

Certified Mail Fee	\$4.85
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$4.10
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input checked="" 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	\$14.25
<b>Total Postage and Fees</b>	<b>\$23.20</b>

**D.A. STACEY EDMONSON**  
**1441 NEW HIGHWAY 96 W STE 2**  
**FRANKLIN, TN 37064-4831**

USPS TRACKING#

NASHVILLE, TN 370

7 SEP 2024 PM 6 L

9590 9402 8627 3244 0675 13

United States Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box \*

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p><b>D.A. STACEY EDMONSON</b> <b>1441 NEW HIGHWAY 96 W STE 2</b> <b>FRANKLIN, TN 37064-4831</b></p> <p>9590 9402 8627 3244 0675 13</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p><b>This USPS Return Receipt Was Mysteriously Missing A Signature and Any Information About Delivery</b></p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>



DEFENDANT: COUNTY OF WILLIAMSON TENNESSEE

JEFF WHIDBY (CLERK)

RECEIVED SERVICE: 9/09/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/05/2024 04:25 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

Priority Mail®	1		\$14.25
Franklin, TN 37064			
Weight: 3 lb 14.60 oz			
Expected Delivery Date			
Sat 09/07/2024			
Insurance			\$0.00
Up to \$100.00 included			
Certified Mail®			\$4.85
Tracking #: 7020245000036716133			
Return Receipt			\$4.10
Tracking #: 9590 9402 8418 3156 9889 62			
<b>Total</b>			<b>\$23.20</b>

Grand Total: \$142.05

Credit Card Remit \$142.05

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 515052  
Transaction #: 785  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5542496-2  
Clerk: 6

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  
\$4.10  
Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$4.10  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$14.25  
Total Postage and Fees \$23.20



7020 2450 0000 3671 6133

**JEFF WHIDBY**  
**WILLIAMSON COUNTY CLERK**  
**1320 W MAIN ST STE 125**  
**FRANKLIN, TN 37064-3700**

USPS TRACKING#



9590 9402 8418 3156 9889 62

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

**17195 SILVER PKWY**  
**PMB #150**  
**FENTON, MI 48430-3426**



**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:

**JEFF WHIDBY**  
**WILLIAMSON COUNTY CLERK**  
**1320 W MAIN ST STE 125**  
**FRANKLIN, TN 37064-3700**



9590 9402 8418 3156 9889 62

7020 2450 0000 3671 6133

**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  
If YES, enter delivery address below:  No

**This USPS Return Receipt  
Was Mysteriously Missing  
A Signature and Any  
Information About Delivery**

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

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

Domestic Return Receipt



DEFENDANT: STATE OF TENNESSEE

TREASURER DAVID H. LILLARD, JR

RECEIVED SERVICE: 9/9/2024



LINDEN  
215 S MAIN ST  
LINDEN, MI 48451-9998  
(800)275-8777

09/05/2024 04:25 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$15.20
Nashville, TN 37243			
Weight: 4 lb 1.40 oz			
Expected Delivery Date			
Sat 09/07/2024			
Insurance			\$0.00
Up to \$100.00 included			
Certified Mail®			\$4.85
Tracking #:	70203160000230017279		
Return Receipt			\$4.10
Tracking #:	9590 9402 8627 3244 0675 44		
<b>Total</b>			<b>\$24.15</b>

Grand Total: \$142.05

Credit Card Remit \$142.05

Card Name: VISA  
Account #: XXXXXXXXXXXX8359  
Approval #: 515052  
Transaction #: 785  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

UFN: 255460-0451  
Receipt #: 840-54930036-1-5542496-2  
Clerk: 6

**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

LINDEN, MI 48451  
0451  
6  
Postmark Here  
SEP 5 2024  
09/05/2024  
USPS

Certified Mail Fee	\$4.85
Extra Services & Fees (check box, add fee as appropriate)	\$4.10
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$4.10
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input checked="" type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$15.20
<b>Total Postage and Fees</b>	<b>\$24.15</b>

**TREASURER DAVID H. LILLARD, JR.  
TENNESSEE STATE CAPITOL  
600 MARTIN LUTHER KING JR. BLVD.  
NASHVILLE, TN 37243-0225**

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:

**TREASURER DAVID H. LILLARD, JR.  
TENNESSEE STATE CAPITOL  
600 MARTIN LUTHER KING JR. BLVD.  
NASHVILLE, TN 37243-0225**



9590 9402 8627 3244 0675 44

2. **7020 3160 0002 3001 7279**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

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

This USPS Return Receipt  
Mysteriously Disappeared  
It was Never Returned After  
The Successful Delivery

3. Service Type
- |  |   |
|--|---|
| <input checked="" 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



	DATE MAILED	TRACKING NUMBER	DATE DELIVERED	RETURN RECEIPT TRACKING NUMBER	GREEN CARD RETURNED	GREEN CARD SIGNED	GREEN CARD SIGNED BY NAMED DEFENDANT
<b>STORY AND ABERNATHY, PLLP</b>	8/24/2024 at 11:25 AM	70203160000230011758	8/26/2024 at 11:09 AM	9590940286273244068244	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» VIRGINIA LEE STORY	8/24/2024 at 11:25 AM	70203160000230014919	8/26/2024 at 11:08 AM	9590940286273244068220	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
» KATHRYN LYNN YARBROUGH	8/24/2024 at 11:25 AM	70203160000230014902		9590940286273244068213	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— KATHRYN YARBROUGH (2ND ATTEMPT @ HOME)	9/04/2024 at 1:45 PM	70203160000230014698	9/06/2024 at 11:28 AM	9590940286273244068480	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CHANCERY COURT FOR WILLIAMSON COUNTY TN</b>	8/28/2024 at 4:09 PM	70202450000036715105	9/03/2024 at 11:13 AM	9590940286273244068350	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» MICHAEL WEIMAR BINKLEY	8/23/2024 at 2:51 PM	70203160000230014711	8/26/2024 at 12:39 PM	9590940286273244068503	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» ELAINE BEATY BEELER	8/24/2024 at 11:25 AM	70203160000230014704	8/26/2024 at 2:30 PM	9590940286273244068497	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLIAMSON COUNTY SHERIFF'S OFFICE	8/28/2024 at 4:09 PM	70202450000036715112	8/30/2024 at 10:13 AM	9590940286273244068367	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ROTHSCHILD &amp; AUSBROOKS, PLLC</b>	8/24/2024 at 11:14 AM	70202450000036715211	8/26/2024 at 2:19 PM	9590940286273244067865	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» MARY ELIZABETH MANEY AUSBROOKS	8/24/2024 at 11:25 AM	70202450000036715204	8/26/2024 at 2:19 PM	9590940286273244067810	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
» ALEXANDER SERGEY KOVAL	8/24/2024 at 10:59 AM	70203160000230014728	8/26/2024 at 11:29 AM	9590940286273244068473	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HOSTETTLER, NEUHOFF &amp; DAVIS, LLC</b>	8/24/2024 at 2:06 PM	70203160000230014933	8/26/2024 at 10:26 AM	9590940286273244068190	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» THOMAS E. ANDERSON	8/23/2024 at 4:29 PM	70203160000230014896	8/26/2024 at 2:16 PM	9590940286273244068206	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>MCARTHUR SANDERS REAL ESTATE</b>	8/24/2024 at 2:06 PM	70202450000036715198	8/26/2024 at 3:25 PM	9590940286273244068268	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» ROY PATRICK MARLIN	8/24/2024 at 10:59 AM	70203160000230014780	8/26/2024 (unknown)	9590940286273244068411	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— ROY PATRICK MARLIN (2ND ATTEMPT @ WORK)	9/04/2024 at 1:45 PM	70203160000230017330	9/06/2024 at 10:40 AM	9590940286273244067551	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>BANKERS TITLE &amp; ESCROW CORPORATION</b>	8/24/2024 at 2:06 PM	70202450000036715945	8/27/2024 at 1:55 PM	9590940286273244068374	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» SAMUEL FORREST ANDERSON	8/24/2024 at 10:59 AM	70203160000230014759	8/26/2024 at 11:40 AM	9590940286273244068442	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BK: HENRY EDWARD HILDEBRAND III,	8/24/2024 at 10:59 AM	70203160000230014803	8/26/2024 at 2:59 PM	9590940286273244068398	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BK: CHARLES M. WALKER	8/24/2024 at 2:06 PM	70203160000230014889	8/26/2024 at 1:20 PM	9590940286273244068183	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>BANK OF AMERICA N.A.</b>	9/18/2024 at 9:10 AM	70202450000036716195	9/23/2024 at 10:43 AM	9590940286273244067575	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» RUBIN LUBLIN TN, PLLC	9/04/2024 at 10:06 AM	70203160000230017262	9/09/2024 at 4:31 PM	9590940286273244067742	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— RUBIN LUBLIN TN, PLLC (RA: Northwest Reg Agt)	9/04/2024 at 10:06 AM	70202450000036715129	9/05/2024 at 10:27 AM	9590940286273244068305	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CADENCE BANK</b>	9/03/2024 at 2:20 PM	70203160000230014957	9/06/2024 at 12:58 PM	9590940286273244067797	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» CADENCE BANK (RA: CT Corporation System)	9/03/2024 at 2:20 PM	70203160000230014940	9/05/2024 at 10:15 AM	9590940286273244067780	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» SPRAGINS, BARNETT, & COBB PLC	8/28/2024 at 4:09 PM	70202450000036715143	9/03/2024 at 1:21 PM	9590940286273244068312	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TENNESSEE COURT OF APPEALS MIDDLE DIVISION</b>	9/05/2024 at 4:25 PM	70202450000036716157	9/07/2024 at 10:49 AM	9590940284183156988917	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» JAMES MICHAEL HIVNER	8/24/2024 at 2:06 PM	70203160000230014834	8/27/2024 at 1:43 PM	9590940286273244068381	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» FRANK GOAD CLEMENT JR.	8/28/2024 at 4:09 PM	70202450000036715167	8/30/2024 at 2:41 PM	9590940286273244068282	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» ANDY DWANE BENNETT	8/28/2024 at 4:09 PM	70202450000036715150	9/03/2024 at 10:05 AM	9590940286273244068299	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» WILLIAM NEAL MCBRAYER	8/28/2024 at 4:09 PM	70202450000036715136	8/31/2024 at 12:35 PM	9590940286273244068275	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPREME COURT OF THE STATE OF TENNESSEE	8/28/2024 at 4:09 PM	70202450000036715082	8/30/2024 at 9:25 AM	9590940286273244067827	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TNSC - ADMINISTRATIVE OFFICE OF THE COURTS</b>	8/28/2024 at 4:09 PM	70202450000036715075	8/30/2024 at 12:25 PM	9590940286273244067834	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» JOHN BRANDON COKE	8/24/2024 at 2:06 PM	70202450000036715181		9590940286273244068251	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— JOHN BRANDON COKE (2ND ATTEMPT @ WORK)	9/04/2024 at 10:06 AM	70202450000036715846	9/07/2024 at 12:35 PM	9590940286273244067766	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TNSC - BOARD OF PROFESSIONAL RESPONSIBILITY</b>	9/04/2024 at 10:06 AM	70203160000230017163	9/09/2027 at 1:01 PM	9590940286273244067759	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SANDRA JANE LEACH GARRETT	8/23/2024 at 4:29 PM	70203160000230014797		9590940286273244068404	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— SANDRA GARRETT (2ND ATTEMPT @ WORK)	9/18/2024 at 9:10 AM	70202450000036716232	9/20/2024 at 11:30 AM	9590940286273244067612	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



STATE OF TENNESSEE (OFFICIALS SERVED BELOW):							
» TN - GOVERNOR BILL LEE	8/28/2024 at 4:09 PM	70202450000036715099	9/11/2024 at 1:34 PM	9590940286273244068343	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— TN - GOVERNOR BILL LEE (ALL TN SUMMONSES)	9/18/2024 at 9:10 AM	70202450000036716201	9/20/2024 at 3:43 PM	9590940286273244067582	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» TN - ATTORNEY GENERAL JONATHAN SKRMETTI	9/03/2024 at 2:20 PM	70202450000036715853	9/06/2024 at 7:37 AM	9590940286273244067773	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— TN - JONATHAN SKRMETTI (ALL TN SUMMONSES)	9/18/2024 at 9:10 AM	70202450000036716218	9/20/2024 at 7:14 AM	9590940286273244067599	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» TN - SECRETARY TRE HARGETT	9/05/2024 at 4:25 PM	70202450000036716119	9/09/2024 at 12:40 PM	9590940286273244067537	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» TN - TREASURER DAVID LILLARD	9/05/2024 at 4:25 PM	70203160000230017279	9/09/2024 at 12:40 PM	9590940286273244067544	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» TN - SENATOR RICHARD BRIGGS	8/28/2024 at 4:09 PM	70203160000230014988	8/29/2024 at 11:48 PM	9590940286273244068169	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» TN - JUSTICE SHARON G. LEE	9/10/2024 at 2:07 PM	70202450000036716188	9/12/2024 at 2:41 PM	9590940284183156988887	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNTY OF WILLIAMSON TENNESSEE (OFF BELOW):							
» WC - ROGERS ANDERSON (MAYOR)	8/28/2024 at 4:09 PM	70203160000230014971	8/30/2024 at 10:52 AM	9590940286273244067841	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— WC - ROGERS ANDERSON (ALL WC SUMMONSES)	9/18/2024 at 9:10 AM	70202450000036716225	9/20/2024 at 11:47 AM	9590940286273244067605	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» WC - JEFF WHIDBY (COUNTY CLERK)	9/05/2024 at 4:25 PM	70202450000036716133	9/09/2024 at 2:38 PM	9590940284183156988962	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» WC - STACEY EDMONSON (DISTRICT ATTORNEY)	9/05/2024 at 4:25 PM	70202450000036716126	9/07/2024 at 12:01 PM	9590940286273244067513	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» WC - SHERRY ANDERSON (REGISTER OF DEEDS)	9/05/2024 at 4:25 PM	70202450000036716140	9/09/2024 at 2:35 PM	9590940284183156988955	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
» WC - LISA CARSON (COUNTY ATTORNEY)	9/18/2024 at 9:10 AM	70202450000036716249	9/20/2024 at 12:28 PM	9590940286273244067629	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

49— LAWSUIT SERVICES PACKAGES PRODUCED & MAILED

For a list of documents & media in each lawsuit service package, please see [https://rico.jefffenton.com/evidence/1-23-cv-01097\\_fenton-vs-story-lawsuit-service-pack-details.pdf](https://rico.jefffenton.com/evidence/1-23-cv-01097_fenton-vs-story-lawsuit-service-pack-details.pdf)