

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 #:			
70203160000230014711			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0685 03			
Total			\$31.10

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®

Franklin, TN 37069

7020 3160 0002 3001 4711

Certified Mail Fee \$4.10
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$0.00
 Return Receipt (electronic) \$12.75
 Certified Mail Restricted Delivery \$0.00
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$

Postage \$14.25
Total Postage and Fees \$31.10

LINDEN, MI 48451
0451
AUG 23 2024
Postmark Here
08/23/2024
USPS

MICHAEL W. BINKLEY
[Redacted]
FRANKLIN, TN 37069-[Redacted]

See reverse for 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
[Redacted]
FRANKLIN, TN 37069-[Redacted]



9590 9402 8627 3244 0685 03

2. Article Number (Transfer from service label)

7020 3160 0002 3001 4711

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,
Was Never Returned Even
After 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: ELAINE B. BEELER

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
---------	-----	------------	-------

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 #:			
→ 7020316000230014704			
Return Receipt		\$4.10	
Tracking #:			
9590 9402 8627 3244 0684 97			
Total			\$31.10

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.

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	\$0.00	
Postage	\$14.25	
Total Postage and Fees	\$31.10	
Sent	ELAINE B. BEELER	
Street	[REDACTED]	
City	FRANKLIN, TN 37064	

Postmark Here: **AUG 24 2024**

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

USPS TRACKING #

NASHVILLE TN 370

24 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
<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>ELAINE B. BEELER [REDACTED] FRANKLIN, TN 37064</p> <p>9590 9402 8627 3244 0684 97</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0002 3001 4704</p>	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 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: <input type="checkbox"/> No</p> <p>This USPS Return Receipt Was Mysteriously Missing A Signature and Any Information About Delivery</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
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 #:			
→ 70203160000230014919			
Return Receipt		\$4.10	
Tracking #:			
9590 9402 8627 3244 0682 20			
Total			\$31.10

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

Franklin, TN 37064

7020 3160 0002 3001 4919

Certified Mail Fee	\$14.10
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$4.00
<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	\$114.25
Total Postage and Fees	\$138.10

Postmark Here: AUG 24 2024

VIRGINIA LEE STORY
136 4TH AVE S
FRANKLIN, TN 37064-2622

PS Form 3800, April 2019 PSN 7530-02-000-9057 See reverse for instructions

USPS TRACKING #

FRANKLIN TN 37064
25 AUG 2024 PM 5 L

9590 9402 8627 3244 0682 20

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>VIRGINIA LEE STORY 136 4TH AVE S FRANKLIN, TN 37064-2622</p> <p>9590 9402 8627 3244 0682 20</p> <p>2. Article Number (Transfer from...)</p> <p>7020 3160 0002 3001 4919</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Kim Pudde</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>8/26/2024</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>RESTRICTED DELIVERY</p> <p>3. Service Type</p> <p><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: 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 #:			
→ 7020316000230014698			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0684 80			
Total			\$31.10

Grand Total: \$85.40

Credit Card Remit \$85.40

Card Name: VISA
Account #: XXXXXXXXXXXX8359
Approval #: 214054
Transaction #: 241
AID: A000000031010 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

Thompsons Station, TN 37179

OFFICIAL USE

Certified Mail Fee \$4.10

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

Return Receipt (hardcopy) \$12.75

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$10.00

Adult Signature Required \$10.00

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark Here
SEP 04 2024
09/04/2024

KATHRYN YARBROUGH

THOMPSONS STATION, TN 37179

PS Form 3811, July 2020 PSN 7530-02-000-9053 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"> 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. 	<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>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RESTRICTED DELIVERY</p>
<p>1. Article Addressed to:</p> <p>KATHRYN YARBROUGH [Redacted] THOMPSONS STATION, TN 37179</p> <p>9590 9402 8627 3244 0684 80</p>	<p>3. Service Type</p> <p><input 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 type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" 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 <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0002 3001 4698</p>	
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			
Total			\$31.10

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

GOODLETTSVILLE, TN 37072

OFFICIAL USE

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee to postage)

Return Receipt (hardcopy) \$12.75

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 \$31.10

Postmark: LINDEN, MI 48451 AUG 24 2024

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

USPS TRACKING #

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 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:

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

9590 9402 8627 3244 0678 10

7020 2450 0000 3671 5204

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Judy Dobbin*

B. Received by (Printed Name) *JUDY DOBBINS*

C. Date of Delivery

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

RESTRICTED 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: 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 #: 7020316000230014728			
Total			\$27.00

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™.

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	\$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	\$14.25

LINDEN, MI 48451-9998

Postmark Here

AUG 24 2024

USPS

ALEXANDER KOVAL

[REDACTED]

NASHVILLE, TN 37211- [REDACTED]

See reverse for Instructions

**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 #:			
7020316000230014803			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0683 98			
Total			\$31.10

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.

Nashville, TN 37205

OFFICIAL USE

Certified Mail Fee	\$4.10
Extra Services & Fees (check box, add fee as appropriate)	\$17.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$13.00
<input type="checkbox"/> Return Receipt (electronic)	\$4.00
<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
LINDEN, MI 48451 06

HENRY HILDEBRAND III
████████████████████
NASHVILLE, TN 37205-████████

PS Form 3800, April 2015 PSN 7530-02-000-9047 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			
Restricted Del			\$12.75
Recipient name			
CHARLES M WALKER			
Tracking #:			
→ 7020316000230014889			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0681 83			
Total			\$31.10

Grand Total: \$200.20

Credit Card Remit \$200.20

Card Name: VISA
Account #: XXXXXXXXXXXX8359
Approval #: 314260
Transaction #: 188
AID: A000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

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

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

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

Nashville, TN 37215

OFFICIAL USE

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 \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$14.25

Total Postage and Fees \$31.10


Postmark Here

CHARLES M. WALKER

NASHVILLE, TN 37215

7020 3160 0002 3001 4889

USPS TRACKING #
NASHVILLE TN 370



24 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



9590 9402 8627 3244 0681 83

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)
Sneena 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

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			
Total			\$31.10

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®.

Nashville, TN 37215

OFFICIAL USE

Certified Mail Fee \$4.10
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$10.00
 Return Receipt (electronic) \$12.75
 Certified Mail Restricted Delivery \$10.00
 Adult Signature Required \$4.00
 Adult Signature Restricted Delivery \$

Postage \$114.25
 Total Postage and Fees \$131.10

Postmark
 AUG 24 2024
 08/24/2024

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

PS Form 3800, April 2019 PSN 7530-02-000-9047 See Reverse for Instructions

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 Memphis, TN 38133 Weight: 3 lb 10.80 oz Expected Delivery Date Tue 08/27/2024 Insurance Up to \$100.00 included \$0.00 Restricted Del \$12.75 Recipient name JAMES M HIVNER Tracking #: 70203160000230014834 Return Receipt \$4.10 Tracking #: 9590 9402 8627 3244 0683 81			\$16.95 Total \$33.80
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™
CERTIFIED MAIL® RECEIPT**
 Domestic Mail Only

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

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 08/27/2024
Postage \$16.95	
Total Postage and Fees	
\$33.80	

JAMES MICHAEL HIVNER

BARTLETT, TN 38133-XXXXXXXXXX

PS Form 3800, April 2013 PSN 7530-02-000-9007 PSN 7530-02-000-9007

7020 3160 0002 3001 4834

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			
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

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$

Postmark
LINDEN, MI 48451
AUG 28 2024
08/28/2024
USPS

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

Instructions:

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:

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

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

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

Domestic Return Receipt

DEFENDANT: FRANK GOAD CLEMENT JR.

RECEIVED SERVICE: 8/30/2024



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
Nashville, TN 37205			
Weight: 3 lb 11.40 oz			
Expected Delivery Date			
Fri 08/30/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
FRANK G CLEMENT			
Tracking #:			
→ 70202450000036715167			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 82			
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

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

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

Postage \$14.25
Total Postage and Fees \$31.10

Postmark: LINDEN MI 48451 AUG 28 2024

FRANK GOAD CLEMENT JR.
NASHVILLE, TN 37205

7020 2450 0000 3671 5167

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:

FRANK GOAD CLEMENT JR.
[Redacted]
NASHVILLE, TN 37205 [Redacted]



9590 9402 8627 3244 0682 82

2. Article Number (Transfer from service label)

7020 2450 0000 3671 5167

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: 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

U.S. Postal Service™
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Domestic Mail Only

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

OFFICIAL USE

Brentwood, TN 37027

LINDEN, MI 48451

Postmark: AUG 28 2024

USPS

WILLIAM NEAL MCBRAYER

BRENTWOOD, TN 37027-██████████

Instructions

7020 2450 0000 3671 5136

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			
Total			\$35.70

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

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

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

OFFICIAL USE

Certified Mail Fee \$18.85

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

Return Receipt (hardcopy) \$4.10

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$12.75

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$18.85

Total Postage and Fees \$35.70

SHARON GAIL LEE
KNOXVILLE, TN 37919

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

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

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			
Total			\$31.10

Grand Total: \$142.60

Credit Card Remit \$142.60

Card Name: VISA
Account #: XXXXXXXXXXXXX8359
Approval #: 808101
Transaction #: 341
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

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

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

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

OFFICIAL USE

Certified Mail Fee \$14.25
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$3.75
 Return Receipt (electronic)
 Certified Mail Restricted Delivery \$12.75
 Adult Signature Required \$0.00
 Adult Signature Restricted Delivery \$0.00
Postage \$14.25
Total Postage and Fees \$31.10

Postmark Here
SEP 18 2024
09/18/2024

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

USPS TRACKING#

7020 2450 0000 3671 6232

9590 9402 8627 3244 0676 12

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 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>SANDRA GARRETT 10 CADILLAC DR STE 220 BRENTWOOD, TN 37027-5078</p> <p>9590 9402 8627 3244 0676 12</p> <p>7020 2450 0000 3671 6232</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Mally Davis <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Mally Davis</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</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 (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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			
Total			\$23.20

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

OFFICIAL USE

Certified Mail Fee \$4.00

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

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$23.20

Postmark
SEP - 5 2024
09/05/2024
USPS

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

USPS TRACKING #



9590 9402 8627 3244 0675 13

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:

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



9590 9402 8627 3244 0675 13

7020 2450 0000 3671 6126

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
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

Domestic Return Receipt

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			
Total			\$23.20

Grand Total: \$142.05

Credit Card Remit \$142.05
 Card Name: VISA
 Account #: XXXXXXXXXXXX8359
 Approval #: 515052
 Transaction #: 785
 AID: A000000031010 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

OFFICIAL USE

Certified Mail Fee \$4.55
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postage \$14.25
 Total Postage and Fees \$

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

LINDEN, MI 48451
 SEP - 5 2024
 09/05/2024

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 THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>JEFF WHIDBY WILLIAMSON COUNTY CLERK 1320 W MAIN ST STE 125 FRANKLIN, TN 37064-3700</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>This USPS Return Receipt Was Mysteriously Missing A Signature and Any Information About Delivery</p>
<p>9590 9402 8418 3156 9889 62</p> <p>7020 2450 0000 3671 6133</p>	<p>3. Service Type</p> <p><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)</p>
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			
Total			\$24.15

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

No. **OFFICIAL USE**

Certified Mail Fee \$4.85

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 \$15.20

Total Postage and Fees \$24.15

Postmark Here **SEP 5 2024**

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

7020 3160 0002 3001 7279

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

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

	DATE MAILED	TRACKING NUMBER	DATE DELIVERED	RETURN RECEIPT TRACKING NUMBER	GREEN CARD RETURNED	GREEN CARD SIGNED	GREEN CARD SIGNED BY NAMED DEFENDANT
STORY AND ABERNATHY, PLLP	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"/>
CHANCERY COURT FOR WILLIAMSON COUNTY TN	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"/>
ROTHSCHILD & AUSBROOKS, PLLC	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"/>
HOSTETTLER, NEUHOFF & DAVIS, LLC	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"/>
MCARTHUR SANDERS REAL ESTATE	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"/>
BANKERS TITLE & ESCROW CORPORATION	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"/>
BANK OF AMERICA N.A.	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"/>
CADENCE BANK	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"/>
TENNESSEE COURT OF APPEALS MIDDLE DIVISION	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"/>
TNSC - ADMINISTRATIVE OFFICE OF THE COURTS	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"/>
TNSC - BOARD OF PROFESSIONAL RESPONSIBILITY	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.jeffenton.com/evidence/1-23-cv-01097_fenton-vs-story-lawsuit-service-pack-details.pdf