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

For delivery information, visit our webs

OFFICIA

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
$ Ms. Judy Armstrong
Tot P.O. Box 21
$ Clayton, OK 74536
Ser 2007-0017 phc notice
Str
City

7017 0530 0000 6449 4246

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Ms. Judy Armstrong
P.O. Box 21
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9714 04

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4246

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Judy Armstrong ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 5-8-17
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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OFFICIA

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 $

Po
$ Atoka County
To Board of Commissioners
Atoka County Courthouse
$ 200 East Court Street, Ste. 201W
Se Atoka, OK 74525
Str 2007-0017 phc notice
City

7017 0530 0000 6449 4253

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Atoka County
Board of Commissioners
Atoka County Courthouse
200 East Court Street, Ste. 201W
Atoka, OK 74525
2007-0017 phc notice

9590 9402 2710 6351 9713 98

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4253

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Angie Burdsong ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
Angie Burdsong 5-1-17
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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OFFICIAL

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
$ Mr. Loyd Boren
Tot 413426 East 1870 Rd.
$ Antlers, OK 74523-1335
Se 2007-0017 phc notice
Str
Cit

7017 0530 0000 6449 4260

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

1. Article Addressed to:
Mr. Loyd Boren
413426 East 1870 Rd.
Antlers, OK 74523-1335
2007-0017 phc notice

9590 9402 2710 6351 9713 81

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4260

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Loyd Boren ☐ Agent ☒ Addressee
B. Received by (Printed Name) C. Date of Delivery 5-1-17
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 0530 0000 6449 4277

U.S. Postal Service™
CERTIFIED MAIL® RE
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OFFICIA

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
$
Total Pos
$
Sent To
Street an
City, Sta

Ms. Patricia Boren
413426 East 1870 Rd
Antlers, OK 74523-1
2007-0017

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Ms. Patricia Boren
413426 East 1870 Rd.
Antlers, OK 74523-1335
2007-0017 phc notice

9590 9402 2710 6351 9713 74

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4277

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Patricia Boren
☐ Agent
☒ Addressee

B. Received by (Printed Name)
C. Date of Delivery
5-1-17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4284

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

For delivery information, visit our webs

OFFICIA

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
$
Total P
$
Sent T
Street
City, S

Ms. Amber Brasfield
P.O. Box 2
Clayton, OK 74536
2007-0017

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Ms. Amber Brasfield
P.O. Box 2
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9713 67

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4284

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☒ Addressee

B. Received by (Printed Name)
AMBER BRASFIELD
C. Date of Delivery
5-1-17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4291

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

For delivery information, visit our websi

OFFICIA

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
$
Total P
$
Sent To
Street a
City, St

Mr. Jason Brasfield
P.O. Box 2
Clayton, OK 74536
2007-0017 phc no

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Mr. Jason Brasfield
P.O. Box 2
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9713 50

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4291

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
AMBER BRASFIELD
C. Date of Delivery
5-1-17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4307

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OFFICIAL

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
$
Total
$
Sent
Street
City, State, ZIP+4

Mr. Rickie Briggs
172489 North 4480 Road
Nashoba, OK 74558
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Mr. Rickie Briggs
172489 North 4480 Road
Nashoba, OK 74558
2007-0017 phc notice

9590 9402 2710 6351 9713 43

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4307

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rickie Briggs
☐ Agent
☐ Addressee

B. Received by (Printed Name) Rickie Briggs
C. Date of Delivery 5/3/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4314

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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
$
Total
$
Sent
Street
City, S

Mr. Michael Brittingham
P.O. Box 96
Moyers, OK 74551
2007-0017 phc no

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Mr. Michael Brittingham
P.O. Box 96
Moyers, OK 74551
2007-0017 phc notice

9590 9402 2710 6351 9713 36

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4314

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

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4321

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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
$
Total
$
Sent
Stree
City,

Mr. Brad Burgett
436942 E 1855 Loop
Rattan, OK 74562
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Mr. Brad Burgett
436942 E 1855 Loop
Rattan, OK 74562
2007-0017 phc notice

9590 9402 2710 6351 9713 29

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4321

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brad Burgett
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 5-8-17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL

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
$
Total
$
Sent

Mr. Dale Carter
424448 E 1835 Rd.
Finley, OK 74543
2007-0017 phc notice

7017 0530 0000 6449 4338

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:
Mr. Dale Carter
424448 E 1835 Rd.
Finley, OK 74543
2007-0017 phc notice

9590 9402 2710 6351 9713 12

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4338

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wanda Butler ☒ Agent ☐ Addressee

B. Received by (Printed Name) LARINDA MCCLEGAN
C. Date of Delivery 5/3/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

U.S. Postal Service™
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OFFICIAL

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
$
Total
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Sent

Choctaw County
Board of County Commis
300 East Duke
Hugo, OK 74743
2007-0017 phc notice

7017 0530 0000 6449 4536

- 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:
Choctaw County
Board of County Commissioners
300 East Duke
Hugo, OK 74743
2007-0017 phc notice

9590 9402 2710 6351 9711 14

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4536

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

A. Signature
X Wanda Butler ☐ Agent ☒ Addressee

B. Received by (Printed Name) Wanda Butler
C. Date of Delivery 5/2/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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OFFICIAL

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
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Ser

Mr. Austin Conley
P.O. Box 971
Clayton, OK 74536
2007-0017 phc notice

7017 0530 0000 6449 4543

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Mr. Austin Conley
P.O. Box 971
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9711 07

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4543

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kimberly Conley
C. Date of Delivery 5/2/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7017 0530 0000 6449 4550

U.S. Postal Service™
CERTIFIED MAIL® RE
Domestic Mail Only
For delivery information, visit our websi
OFFICIA
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
Mr. Kenneth Conley
168704 State HWY 2
Clayton, OK 74536
2007-0017 phc notice
PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Mr. Kenneth Conley
168704 State HWY 2
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9710 91

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4550

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Don Conley ☐ Agent ☒ Addressee
B. Received by (Printed Name) Don Conley
C. Date of Delivery 5/1
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4567

U.S. Postal Service™
CERTIFIED MAIL® R
Domestic Mail Only
For delivery information, visit our wel
OFFICIA
Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropri
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
Postage
Ms. Kimberly Conley
P.O. Box 971
Clayton, OK 74536
2007-0017 phc notice
Street
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-00

- 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.

Ms. Kimberly Conley
P.O. Box 971
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9710 84

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4567

A. Signature
X ☐ Agent ☐ Addressee
B. Received by (Printed Name) Kimberly Conley
C. Date of Delivery 5/2/17
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4574

U.S. Postal Service™
CERTIFIED MAIL®
Domestic Mail Only
For delivery information, visit our
OFFICI
Certified Mail Fee
$
Extra Services & Fees (check box, add fee as ap
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
Ms. Norma Conley
168704 State HW
Clayton, OK 7453
2007-0017 phc noti
Street
City, S
PS Form 3800, April 2015 PSN 7530-02-00

- 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:
Ms. Norma Conley
168704 State HWY 2
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9710 77

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4574

A. Signature
X Don Conley ☐ Agent ☒ Addressee
B. Received by (Printed Name) Don Conley
C. Date of Delivery 5/1
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4581

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

For delivery information, visit our website

OFFICIAL

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
$
To
Mr. Robert D. Conley
168324 North 4290 Rd.
Clayton, OK 74536
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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 Address
Mr. Robert D. Conley
168324 North 4290 Rd.
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9710 60

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4581

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Robert D. Conley
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Robert D. Conley

C. Date of Delivery
5-1-17

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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7017 0530 0000 6449 4611

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

For delivery information, visit our websit

OFFICIAL

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
$
Total
Shannon Conley
P.O. Box 628
Clayton, OK 74536
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Shannon Conley
P.O. Box 628
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9710 53

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4611

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Shannon Conley
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Shannon Conley

C. Date of Delivery
5/4/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4604

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
$
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
$
Tot
George R. Crims, III
P.O. Box 77
Albion, OK 74521
2007-0017 phc notice

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL

STATE OF OKLAHOMA
WATER RESOURCES BOARD
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118

OKLAHOMA CITY
OK 730
28 APR '17
PM 4 L

Hasler
04/28/2017
US POSTAGE
FIRST-CLASS MAIL
$06.77º

ZIP 73118
011D11632949

7017 0530 0000 6449 4604

RECEIVED
MAY 22 2017
Oklahoma Water Resources Board

Return Receipt Requested

George R. Crims, III
P.O. Box 77
Albion, OK 74521
2007-0017 phc notice

NIXIE 731 SE 1 0005/19/17
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 73118286299 *1057-02546-28-38

UNC
74521-00077

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

For delivery information, visit our we

OFFICIA

Certified Mail Fee
$

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

Postage
$

Total
$

Sent

Street

City,

Mr. Hunter Davis
413430 E. 1870 Rd.
Antlers, OK 74523
2007-0017 phc notice

7017 0530 0000 6449 4628

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Mr. Hunter Davis
413430 E. 1870 Rd.
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2710 6351 9710 39

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4628

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Hunter Davis ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery
5-1-17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RE
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For delivery information, visit our webs

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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
$

Total
$

Sent

Street

City,

Mr. Jerry Davis
413430 E. 1870 Rd.
Antlers, OK 74523
2007-0017 phc notice

7017 0530 0000 6449 4598

PS Form 3800, April 2015 PSN 7530-02-000-9047

- 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.

Mr. Jerry Davis
413430 E. 1870 Rd.
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2710 6351 9710 22

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4598

A. Signature
X Jerry Davis ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery
5-1-17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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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
$

Total
$

Sent

Stree

City,

Ms. Melissa Davis
413430 E. 1870 Rd.
Antlers, OK 74523
2007-0017 phc notice

7017 0530 0000 6449 4444

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Ms. Melissa Davis
413430 E. 1870 Rd.
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2710 6351 9712 06

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4444

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Melissa Davis ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery
5-1-17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECE
Domestic Mail Only
For delivery information, visit our website at
OFFICIAL
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
$
Total
$
Sent
Street
City,
Ms. Nicole Davis
413430 E. 1870 Rd.
Antlers, OK 74523
2007-0017 phc notice
7017 0530 0000 6449 4437
PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Ms. Nicole Davis
413430 E. 1870 Rd.
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2710 6351 9712 13

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4437

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Nicole Davis
☐ Agent
☒ Addressee
B. Received by (Printed Name)
C. Date of Delivery
5-1-17
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RECE
Domestic Mail Only
For delivery information, visit our website a
OFFICIAL
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
$
Total
$
Sent
Street
City,
Mr. Donald Dawson
HC 66, Box 235
Moyers, OK 74557
2007-0017 phc notice
7017 0530 0000 6449 4451
PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Mr. Donald Dawson
HC 66, Box 235
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2710 6351 9711 90

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4451

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Donald Dawson
☐ 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

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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® REC
Domestic Mail Only
For delivery information, visit our website
OFFICIAL
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
$
Total
$
Sent
Street
City,
Mr. Charles R. DeWeese
P.O. Box 862
Antlers, OK 74523
2007-0017 phc notice
7017 0530 0000 6449 4468
PS Form 3800, April 2015 PSN 7530-02-000-9047

- 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.

Mr. Charles R. DeWeese
P.O. Box 862
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2710 6351 9711 83

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4468

A. Signature
X Charles DeWeese
☐ 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

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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4475

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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 $

Postmark Here

Postage
$
Total
$
Sent
Street
City,

Mr. Russell Doughty
10197 SE HWY 63
Talihina, OK 74571
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

7017 0530 0000 6449 4482

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

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OFFICIA

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropri*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Tot
$
Sei
Str
City

Mr. Loy and Ms. Jane D
435779 East 1931 Road
Rattan, OK 74562
2007-0017 phc notice

PS

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:

Mr. Loy and Ms. Jane Dunlap
435779 East 1931 Road
Rattan, OK 74562
2007-0017 phc notice

9590 9402 2710 6351 9711 69

2. Article Number *(Transfer from service label)*
7017 0530 0000 6449 4482

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Loy Dunlap
C. Date of Delivery 5/1/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 0530 0000 6449 4499

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

For delivery information, visit our w

OFFICIA

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appro*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$
Total
$
Sent
Street
City,

Mr. Tom Garrett
HC 66 Box 42
Moyers, OK 74557
2007-0017 phc no

PS Form 3800, April 2015 PSN 7530-02-000-9

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.

Mr. Tom Garrett
HC 66 Box 42
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2710 6351 9711 52

2. Article Number *(Transfer from service label)*
7017 0530 0000 6449 4499

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* TE GARRETT
C. Date of Delivery 5/1/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

STATE OF OKLAHOMA
WATER RESOURCES BOARD
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118

CERTIFIED MAIL

OKLAHOMA CITY
OK 730
28 APR '17
PM 6 L

Hasler
04/28/2017
US POSTAGE

FIRST-CLASS MAIL
$06.77⁰

ZIP 73118
011D11632949

511
7017 0530 0000 6449 4475

REF

Return Receipt Requested

Joyce

Mr. Russell Doughty
10197 SE HWY 63
Talihina, OK 74571
2007-0017 phc not
Davis
REF

746718-928697

NIXIE 731 SE 1 0005/10/17
RETURN TO SENDER
REFUSED
UNABLE TO FORWARD
BC: 73118286299 *3057-00689-28-37

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

For delivery information, visit our website at

OFFICIAL

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
$
Total
Mr. Don Hairrell
17400 State Highway 2
Clayton, OK 74536
2007-0017 phc notice

7017 0530 0000 6449 4505

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Mr. Don Hairrell
17400 State Highway 2
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9711 45

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4505

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Don Hairrell ☐ Agent ☐ Addressee
B. Received by (Printed Name) Don Hairrell
C. Date of Delivery 5/4/17
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

For delivery information, visit our website

OFFICIAL

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
$
Total P
Ms. Theresa Harper
HC 66, Box 580
Moyers, OK 74557
2007-0017 phc notice

7017 0530 0000 6449 4512

PS Form 3800, April 2015 PSN 7530-02-000-904

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:
Ms. Theresa Harper
HC 66, Box 580
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2710 6351 9711 38

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4512

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Theressa Harper ☐ 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

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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

For delivery information, visit our

OFFICI

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

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Tota
Ms. Imogene Hairre
174812 State Highv
Clayton, OK 74536
2007-0017 phc n

7017 0530 0000 6449 4529

PS Form 3800, April 2015 PSN 7530-02-000

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:
Ms. Imogene Hairrell Harris
174812 State Highway 2
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9711 21

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4529

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Imogene Harris ☐ Agent ☒ Addressee
B. Received by (Printed Name) IMOGENE HARRIS
C. Date of Delivery 5/1
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4727

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

For delivery information, visit our websit

OFFICIAL

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
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Total
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Sent
Stree
City,

Ms. Susan Herbert
2524 S. Harvard Pl., Apt.
Tulsa, OK 74114
2007-0017 phc notice

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.

Ms. Susan Herbert
2524 S. Harvard Pl., Apt. B
Tulsa, OK 74114
2007-0017 phc notice

9590 9402 2471 6306 2367 36

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4727

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan Herbert ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
5/1/17

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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4710

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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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
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Total
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Sent
Stree
City,

Postmark Here

Mr. Kevin N. Hilley
3827 Bowser Ave., Apt. #8
Dallas, TX 75219
2007-0017 phc notice

7017 0530 0000 6449 4703

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

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OFFICIA

Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropria
☐ Return Receipt (hardcopy) $
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
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Total
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Sent
Stree
City,

Ms. Denise Hilton
HC 66, Box 315
Moyers, OK 74557
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Ms. Denise Hilton
HC 66, Box 315
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2471 6306 2367 50

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4703

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Frank Hilton ☑ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Frank Hilton 5/01/17

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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

STATE OF OKLAHOMA
WATER RESOURCES BOARD
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118

N TEXAS
OKLAHOMA CITY
DALLAS 750
03 MAR 17
PM 4 L

7017 0530 0000 6449 4710

Hasler
04/28/2017
US POSTAGE

FIRST-CLASS MAIL
$06.77⁰

ZIP 73118
011D11632949

Return Receipt Requested

RECEIVED
JUN 09 2017
Oklahoma Water Resources Board

Ln-5-3-14

Mr. Kevin N
3827 Bowse
Dallas, TX
2007-0

75219-438
73118-2862

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BC: 73118286299 *1057-03960-28-37

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

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OFFICIA

Certified Mail Fee
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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
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Mr. Frank Hilton
HC 66, Box 315
Moyers, OK 74557
2007-0017 phc notic

7017 0530 0000 6449 4697

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.

Mr. Frank Hilton
HC 66, Box 315
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2471 6306 2367 67

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4697

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Frank Hilton
☐ Agent
☒ Addressee

B. Received by (Printed Name)
Frank Hilton

C. Date of Delivery
5/01/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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Certified Mail Fee
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Extra Services & Fees (check box, add fee as appropri
- Return Receipt (hardcopy) $
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Ms. Rebecca Hoel
210 N.E. "C" Street
Antlers, OK 74523
2007-0017 phc notice

7017 0530 0000 6449 4680

- 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.

Ms. Rebecca Hoel
210 N.E. "C" Street
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2471 6306 2367 98

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4680

PS Form 3811, July 2015 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

ANTLERS OK

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

For delivery information, visit our webs

OFFICIA

Certified Mail Fee
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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 $

Postag
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Total
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Sent
Stree
City,

Representative Justin J.J. H
The Oklahoma House of Re
2300 North Lincoln Blvd.
Oklahoma City, OK 73105.
2007-0017 phc notice

7017 0530 0000 6449 4673

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Representative Justin J.J. Humphrey
The Oklahoma House of
Representatives
2300 North Lincoln Blvd.
Oklahoma City, OK 73105-4805
2007-0017 phc notice

9590 9402 2471 6306 2368 04

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4673

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Jim Albers

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

7017 0530 0000 6449 4666

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

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OFFICIA

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
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Sent To
Street a
City, Sta

Mr. Syed Raziullah H
2524 S. Harvard Pl., A
Tulsa, OK 74114
2007-0017 phc notic

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

Mr. Syed Raziullah Hussaini
2524 S. Harvard Pl., Apt. B
Tulsa, OK 74114
2007-0017 phc notice

9590 9402 2471 6306 2367 74

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4666

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan Herbert
☐ Agent
☐ Addressee

B. Received by (Printed Name) Susan Herbert
C. Date of Delivery 5/1/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7017 0530 0000 6449 4659

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

Postage
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Sent
Stree
City,

Ms. Georgia Irwin
P.O. Box 1084
Talihina, OK 74571
2007-0017 phc notic

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:

Ms. Georgia Irwin
P.O. Box 1084
Talihina, OK 74571
2007-0017 phc notice

9590 9402 2710 6351 9709 95

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4659

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

A. Signature
X Georgia Irwin
☐ Agent
☐ Addressee

B. Received by (Printed Name) Georgia Irwin
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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7017 0530 0000 6449 4642

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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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
$
Total
$
Sent
Street
City,

Ms. Erin Iski
4330 S. Norfolk Ave.
Tulsa, OK 74105
2007-0017 phc notice

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

STATE OF OKLAHOMA
WATER RESOURCES BOARD
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118

7017 0530 0000 6449 4642

OKLAHOMA CITY
OK 730
28 APR '17
PM 4 L

Hasler
04/28/2017
US POSTAGE

FIRST-CLASS MAIL
$06.77⁰

ZIP 73118
011D11632949

Return Receipt Requested

RECEIVED
MAY 22 2017
Oklahoma Water Resources Board

Ms. Erin Iski
4330 S. Norfo
Tulsa, OK 74
2007-00

UNC

NIXIE 731 SE 1 0005/20/17
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 73118286299 *1057-04135-28-37

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

For delivery information, visit our we

OFFICIA

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

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Mr. Dale Jackson
P.O. Box 100
Clayton, OK 74536
2007-0017 phc notice

7017 0530 0000 6449 4635

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.

Mr. Dale Jackson
P.O. Box 100
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2710 6351 9710 15

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4635

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X LeAnna Kilpatrick ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
LeAnna Kilpatrick 5-1-17

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
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirm Restricted Delivery

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

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OFFICIAL

Certified Mail Fee
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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
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Sent
Stree
City,

Mr. Justin Jackson
P.O. Box 7
Tuskahoma, OK 74574
2007-0017 phc notice

7017 0530 0000 6449 4826

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.

Mr. Justin Jackson
P.O. Box 7
Tuskahoma, OK 74574
2007-0017 phc notice

9590 9402 2471 6306 2366 37

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4826

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Jackson ☐ 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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

For delivery information, visit our websi

OFFICIAL

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 $

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Ms. Linda Jackson
P.O. Box 7
Tuskahoma, OK 74574
2007-0017 phc notice

7017 0530 0000 6449 4819

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Ms. Linda Jackson
P.O. Box 7
Tuskahoma, OK 74574
2007-0017 phc notice

9590 9402 2471 6306 2366 44

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4819

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Jackson ☐ 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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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CERTIFIED MAIL® RECEI
Domestic Mail Only

For delivery information, visit our website at w

OFFICIAL

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
$
Total
$
Sent
Stree
City,

Jaime Johnson
168839 St HWY 2
Clayton, OK 74536
2007-0017 phc notice

7017 0530 0000 6449 4802

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.

Jaime Johnson
168839 St HWY 2
Clayton, OK 74536
2007-0017 phc notice

9590 9402 2471 6306 2366 51

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4802

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Jamie Davidson ☑ Agent ☐ Addressee
B. Received by (Printed Name) Jamie Davidson
C. Date of Delivery 5/1
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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OFFICIAL

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 $

Post
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Tota
$
Sent
Stree
City,

Mr. Dennis Kerr
College of Engineering and Natural Sci
Department of Geosciences
The University of Tulsa
800 South Tucker Ave.
Tulsa, OK 74104

7017 0530 0000 6449 4796

- 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:
Mr. Dennis Kerr
College of Engineering and Natural
Sciences, Department of Geosciences
The University of Tulsa
800 South Tucker Ave.
Tulsa, OK 74104

9590 9402 2471 6306 2366 68

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4796

A. Signature
X Ken Byerly ☐ Agent ☐ Addressee
B. Received by (Printed Name) Ken Byerly
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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Receipt

U.S. Postal Service™
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Domestic Mail Only

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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
$
Total
$
Sent
Stree
City,

Latimer County
Board of Commissioners
Attn: Latimer County Clerk
109 North Central, Room 103
Wilburton, OK 74578
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

7017 0530 0000 6449 4789

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.

Latimer County
Board of Commissioners
Attn: Latimer County Clerk
109 North Central, Room 103
Wilburton, OK 74578
2007-0017 phc notice

9590 9402 2471 6306 2366 75

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4789

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Briana Robbins ☑ Agent ☐ Addressee
B. Received by (Printed Name) Briana Robbins
C. Date of Delivery 05/01/17
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4772

U.S. Postal Service™
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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 $

Postmark Here

Postage
$

Total
$

Sen

Stre

City,

LeFlore County
Board of County Commissioners
ATTN: LeFlore County Clerk
P.O. Box 218
Poteau, OK 74953
2007-0017 phc notice

PS ... 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.

LeFlore County
Board of County Commissioners
ATTN: LeFlore County Clerk
P.O. Box 218
Poteau, OK 74953
2007-0017 phc notice

9590 9402 2471 6306 2366 82

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4772

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dennis Yochum
☑ Agent
☐ Addressee

B. Received by (Printed Name)
Dennis Yochum

C. Date of Delivery
5-2-17

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

POTEAU OK 74953
MAY 02 2017
USPS

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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Certified Mail Fee
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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
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To
$
St
St
Ci

Ms. Debbie L. Leo and
F. Jerrold Gutierrez
dba Miller Lake Retreat, LLC
P.O. Box 25
Moyers, OK 74557
2007-0017 phc notice

7017 0530 0000 6449 4765

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.

Ms. Debbie L. Leo and
F. Jerrold Gutierrez
dba Miller Lake Retreat, LLC
P.O. Box 25
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2471 6306 2366 99

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4765

PS Form 3811, July 2015 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

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
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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
$
Total
$
Sent
Stree
City,

Mr. Paul Marcum
P.O. Box 654
Antlers, OK 74523
2007-0017 phc notice

7017 0530 0000 6449 4758

- 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:
Mr. Paul Marcum
P.O. Box 654
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2471 6306 2367 05

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4758

PS Form 3811, July 2015 PSN 7530-02-000-9053

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
5/1/17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

Postage
$
Total
$
Sent
Stree
City,

Marshal County
Board of Commissioners
1 County Courthouse Str
Madill, OK 73446
2007-0017 phc not

7017 0530 0000 6449 4741

PS Form 3800, April 2015 PSN 7530-02-000-9

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.

Marshal County
Board of Commissioners
1 County Courthouse Street, Room 106
Madill, OK 73446
2007-0017 phc notice

9590 9402 2471 6306 2367 12

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4741

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
5-1-17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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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
$
Total
$
Sent
Street
City,

Mr. Brody McClellan
P.O. Box 89
Finley, OK 74543
2007-0017 phc notice

7017 0530 0000 6449 4734

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Mr. Brody McClellan
P.O. Box 89
Finley, OK 74543
2007-0017 phc notice

9590 9402 2471 6306 2367 29

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4734

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brody McClellan
☐ Agent
☒ Addressee

B. Received by (Printed Name) Brody McClellan
C. Date of Delivery 5-9-17

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

U.S. Postal Service™
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OFFICIA

Certified Mail Fee
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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
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Total
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Sent
Street
City, S

Ms. Larinda McClellan
P.O. Box 89
Finley, OK 74543
2007-0017 phc notice

7017 0530 0000 6449 4925

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:
Ms. Larinda McClellan
P.O. Box 89
Finley, OK 74543
2007-0017 phc notice

9590 9402 2471 6306 2366 13

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4925

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Larinda McClellan
☐ Agent
☒ Addressee

B. Received by (Printed Name) LARINDA McClellan
C. Date of Delivery 5-3-17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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Certified Mail Fee
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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
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Total
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Sent
Street
City

McCurtain County
Board of Commissioners
P.O. Box 1078
Idabel, OK 74745
2007-0017 phc notice

7017 0530 0000 6449 4918

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

McCurtain County
Board of Commissioners
P.O. Box 1078
Idabel, OK 74745
2007-0017 phc notice

9590 9402 2471 6306 2363 23

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4918

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen Bryan
☐ Agent
☐ Addressee

B. Received by (Printed Name) KAREN S Bryan
C. Date of Delivery 5-2-17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7017 0530 0000 6449 4901

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OFFICIA

Certified Mail Fee
$

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

Oklahomans for Responsible Wa
c/o Chris Childers
400 North Main
Broken Bow, OK 74728
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Oklahomans for Responsible Water Policy
c/o Chris Childers
400 North Main
Broken Bow, OK 74728
2007-0017 phc notice

9590 9402 2471 6306 2363 30

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4901

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery 5-5-17
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4895

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Domestic Mail Only

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Certified Mail Fee
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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
$
Mr. Kevin Joseph Payne
HC 66
Box 316
Moyers, OK 74557
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Mr. Kevin Joseph Payne
HC 66
Box 316
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2471 6306 2363 47

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4895

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) Kevin Payne
C. Date of Delivery 5-4-17
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4888

U.S. Postal Service™
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Certified Mail Fee
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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
$
Mr. Roger Dale Payne
HC 66
Box 316
Moyers, OK 74557
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Mr. Roger Dale Payne
HC 66
Box 316
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2471 6306 2363 54

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4888

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) Kevin Payne
C. Date of Delivery 5-4-17
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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only
For delivery information, visit our websit
OFFICIAL
Certified Mail Fee
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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
Pittsburg County
Board of County Commiss
600 East Choctaw, Ste. C
McAlester, OK 74501
2007-0017 phc notice

7017 0530 0000 6449 4871

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.

Pittsburg County
Board of County Commissioners
~~600 East Choctaw, Ste. C~~
McAlester, OK 74501
2007-0017 phc notice

9590 9402 2471 6306 2363 61

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4871

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Tiffany Weiler ☐ 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
115 E Carl Albert
McAlester OK 74501

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RE
Domestic Mail Only
For delivery information, visit our websi
OFFICIAL
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
Poteau Valley Improvement Au
c/o Mick LaFevers, Chair
25768 US Highway 270
Wister, OK 74966-9124
2007-0017 phc notice

7017 0530 0000 6449 4864

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.

Poteau Valley Improvement Authority
c/o Mick LaFevers, Chairman
25768 US Highway 270
Wister, OK 74966-9124
2007-0017 phc notice

9590 9402 2471 6306 2363 78

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4864

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X James Morris ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 5-1-17
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

U.S. Postal Service™
CERTIFIED MAIL® RE
Domestic Mail Only
For delivery information, visit our websi
OFFICIAL
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
Ms. Judy Pryor
409514 E. 1880 Rd.
Antlers, OK 74523-131
2007-0017 phc notice
PS Form 3800, April 2015 PSN 7530-02-000-9047

7017 0530 0000 6449 4857

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.

Ms. Judy Pryor
409514 E. 1880 Rd.
Antlers, OK 74523-1315
2007-0017 phc notice

9590 9402 2471 6306 2363 85

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4857

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Judy Pryor ☐ 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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4840

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

For delivery information, visit our we

OFFICIA

Certified Mail Fee
$

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

Postage
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Se
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City

Pushmataha County
Commissioners
304 S W "B" Street
Antlers, OK 74523
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-904

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.

Pushmataha County
Commissioners
304 S W "B" Street
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2471 6306 2363 92

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4840

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Teresa Rominves
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Teresa Rominves

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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7017 0530 0000 6449 4833

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

For delivery information, visit our web

OFFICIA

Certified Mail Fee
$

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

Postage
$
To
$
Se
Str
Ci

Mr. Walter Myrl Redma
189016 N. 4170 Rd.
Antlers, OK 74523
2007-0017 phc notice

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.

Mr. Walter Myrl Redman
189016 N. 4170 Rd.
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2471 6306 2366 20

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4833

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Yul Pedro
☐ 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

ANTLERS OK 74523

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7014 2120 0001 3234 8550

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

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

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Tot
Sent
Stre
or P
City,

Dr. Kenneth P. Roberts, Ph.D.
21222 S. Keetonville Rd.
Claremore, OK 74019
2007-0017 phc notice

PS Form 3800, July 2014 See Reverse for Instructions

CERTIFIED MAIL

STATE OF OKLAHOMA
WATER RESOURCES BOARD
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118

OKLAHOMA CITY
OK 730
28 APR '17
PM 3 L

Hasler
04/28/2017
US POSTAGE

FIRST-CLASS MAIL
$06.77⁰

ZIP 73118
011D11632949

7014 2120 0001 3234 8550

Return Receipt Requested

RECEIVED
MAY 22 2017
Oklahoma Water Resources Board

1st NOTICE 5-1
2nd NOTICE 5-11
RETURNED 5-16

Dr. Kenneth P. Roberts, Ph.D.
21222 S. Keeton
Claremore, OK
2007-0017

NIXIE 731 SE 1 0005/28/17
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 73118286299 *0957-06673-28-37

UNC
74013-08982

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

For delivery information, visit our w

OFFICIA

Certified Mail Fee
$

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

Postage
$
Total
$
Sent
Stre
City

Mr. Phillip Russo
P.O. Box 1057
Antlers, OK 74523
2007-0017 phc noti

7017 0530 0000 6449 7513

PS Form 3800, April 2015 PSN 7530-02-000-9

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.

Mr. Phillip Russo
P.O. Box 1057
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2471 6306 2365 21

2. Article Number (Transfer from service label)
7017 0530 0000 6449 7513

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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

For delivery information, visit ou

OFFICI

Certified Mail Fee
$

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

Postage
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St
Cit

Mr. Johnny C. Self
P.O. Box 55
Rattan, OK 74562
2007-0017 phc not

7017 0530 0000 6449 5007

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.

Mr. Johnny C. Self
P.O. Box 55
Rattan, OK 74562
2007-0017 phc notice

9590 9402 2471 6306 2365 38

2. Article Number (Transfer from service label)
7017 0530 0000 6449 5007

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marcia Self
☐ Agent
☐ Addressee

B. Received by (Printed Name) Marcia Self
C. Date of Delivery 5-2-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL®
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For delivery information, visit ou

OFFICI

Certified Mail Fee
$

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

Postage
$
Total P
$
Sent To
Street
City, St

Ms. Marcia Self
P.O. Box 55
Rattan, OK 745
2007-0017 p

7017 0530 0000 6449 4994

PS Form 3800, April 2015 PSN 7530-02

- 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.

Ms. Marcia Self
P.O. Box 55
Rattan, OK 74562
2007-0017 phc notice

9590 9402 2471 6306 2365 45

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4994

X Marcia Self
☐ Agent
☐ Addressee

B. Received by (Printed Name) Marcia Self
C. Date of Delivery 5-2-17

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Rtrnd mail

7017 0530 0000 6449 4987

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
$

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 $

Postmark Here

Postage
$

Ms. Diane Smith
210 N. E. "E" Street
Antlers, OK 74523
2007-0017 phc notice

7017 0530 0000 6449 4970

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

For delivery information, visit our webs

OFFICIA

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriat*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Ms. Pamela Smith
P.O. Box 1057
Antlers, OK 74523
2007-0017 phc notice

7017 0530 0000 6449 4963

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

For delivery information, visit our webs

OFFICIA

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
$

Ms. Wendy Sprague
HC 66
Box 235
Moyers, OK 74557
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Ms. Pamela Smith
P.O. Box 1057
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2471 6306 2365 69

2. Article Number *(Transfer from service label)*
7017 0530 0000 6449 4970

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pamela Smith
☑ 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

ANTLERS OK 74523 MAY -1 2017 USPS

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

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

Ms. Wendy Sprague
HC 66
Box 235
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2471 6306 2365 76

2. Article Number *(Transfer from service label)*
7017 0530 0000 6449 4963

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wendy Sprague
☐ 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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

CERTIFIED MAIL

STATE OF OKLAHOMA
WATER RESOURCES BOARD
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118

OKLAHOMA CITY
OK 730
28 APR '17
PM 4 L

Hasler
04/28/2017
US POSTAGE

FIRST-CLASS MAIL
$06.77⁰

ZIP 73118
011D11632949

7017 0530 0000 6449 4987

Return Receipt Requested

GC

RECEIVED
MAY 03 2017
Oklahoma Water Resources Board

Ms. Diane Smith
210 N. E. "E" Street
Antlers, OK 74523
2007-0017 phc nc

NSN

NIXIE 731 SE 1 0005/02/17
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 73118286299 *1057-05848-28-37

CERTIFICATE OF RE- MAILING

I hereby certify that on the 23 day of May, 2017, a true and correct copy of the forgoing document was mailed to the following persons by depositing it in the First Class U.S. Certified Mail, return receipt requested to the following address:

Ms. Diane Smith
210 NW E Street
Antlers, OK 74523-2004

Hearing Clerk of the
Oklahoma Water Resources Board

7016 3010 0000 1006 8043

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 $
Postmark Here
Postage $
Total $
Sent
Street
City,
Ms. Diane Smith
210 NW E Street
Antlers, OK 74523-2
2007-0017 remail pl
PS Form April 2015 PSN 7530-02-000-90

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:
Ms. Diane Smith
210 NW E Street
Antlers, OK 74523-2004
2007-0017 remail phc notice

9590 9402 2815 7069 2045 50

2. Article Number (Transfer from service label)
7016 3010 0000 1006 8043

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Diane Smith
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery 5-26
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

7017 0530 0000 6449 4956

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

For delivery information, visit our website

OFFICIAL

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
$
Town of Talihina
c/o Don Faulkner
P.O. Box 354
Talihina, OK 74571
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Town of Talihina
c/o Don Faulkner
P.O. Box 354
Talihina, OK 74571
2007-0017 phc notice

9590 9402 2471 6306 2365 83

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4956

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Crystal Simmons

C. Date of Delivery
TALIHINA OK 74571 MAY 15 2017 USPS

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 0530 0000 6449 4949

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

For delivery information, visit our website a

OFFICIAL

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
$
Dr. Dale Teeters, Ph.D.
243 North Ridge Ave.
Sand Springs, OK 74063
2007-0017 phc notice

- 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:
Dr. Dale Teeters, Ph.D.
243 North Ridge Ave.
Sand Springs, OK 74063
2007-0017 phc notice

9590 9402 2471 6306 2365 90

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4949

A. Signature
x [signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Dale Teeters

C. Date of Delivery
5/5/17

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 0530 0000 6449 4932

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

For delivery information, visit our website

OFFICIAL

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
$
Ms. Sharon Tipps
190751 N 4110 Rd.
Antlers, OK 74523-7406
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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:
Ms. Sharon Tipps
190751 N 4110 Rd.
Antlers, OK 74523-7406
2007-0017 phc notice

9590 9402 2471 6306 2366 06

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4932

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature]
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
ANTLERS OK 74523 MAY -1 2017 USPS

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7017 0530 0000 6449 4345

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

For delivery information, visit our web

OFFICIA

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

Postage
$ Mr. Wayne Tipps
Tot 190751 N 4110 Rd.
$ Antlers, OK 74523-740
Se 2007-0017 phc notice
Str
Ci

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:

Mr. Wayne Tipps
190751 N 4110 Rd.
Antlers, OK 74523-7406
2007-0017 phc notice

9590 9402 2710 6351 9713 05

7017 0530 0000 6449 4345

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?
If YES, enter delivery address below:
☐ Yes
☐ No

MAY - 1 2017

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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7017 0530 0000 6449 4352

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 $

Postmark Here

Postage
$ Mr. Jerry Tolbert
Total P P.O. Box 175
$ Sent T Moyers, OK 74557
Street 2007-0017 phc notice
City, S

7017 0530 0000 6449 4369

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
$
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 $

Postmark Here

Postage
$ Mr. Mike Tolbert
To P.O. Box 175
$ Se Moyers, OK 74557
2007-0017 phc notice
Str
City,

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

STATE OF OKLAHOMA
WATER RESOURCES BOARD
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118

7017 0530 0000 6449 435

OKLAHOMA CITY
OK 730
28 APR '17
PM 4 L

Hasler
04/28/2017
US POSTAGE

FIRST-CLASS MAIL
$06.77⁰

ZIP 73118
011D11632949

RECEIVED
MAY 22 2017
Oklahoma Water Resources Board

Return Receipt Requested

Mr. Jerry Tolber
P.O. Box 175
Moyers, OK 74
2007-0017 p

NIXIE 731 SE 1 0105/18/17
RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 73118286299 *1057-04129-28-37

CERTIFIED MAIL

STATE OF OKLAHOMA
WATER RESOURCES BOARD
3800 N. CLASSEN BLVD.
OKLAHOMA CITY, OK 73118

7017 0530 0000 6449 4369

OKLAHOMA CITY
OK 730
28 APR '17
PM 3 L

Hasler
04/28/2017
US POSTAGE

FIRST-CLASS MAIL
$06.77⁰

ZIP 73118
011D11632949

Return Receipt Requested

RECEIVED
MAY 22 2017
Oklahoma Water Resources Board

Mr. Mike Tolbert
P.O. Box 175
Moyers, OK 74557
2007-0017 phc notice

NIXIE 731 SE 1 0105/18/17
RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 73118286299 *0957-03422-28-37

74557-0175862

7017 0530 0000 6449 4376

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

For delivery information, visit our webs

OFFICIA

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
$
Total
$
Sent
Street
City,

United States Department of t
Fish and Wildlife Service, Div
Ecological Services
ATTN: Jonna Polk, Field Sup
9014 East 21st Street
Tulsa, OK 74129

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.

United States Department of the Interior
Fish and Wildlife Service, Division of
Ecological Services
ATTN: Jonna Polk, Field Supervisor
9014 East 21st Street
Tulsa, OK 74129

9590 9402 2710 6351 9712 75

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4376

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery
5-1

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7017 0530 0000 6449 4383

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

For delivery information, visit our we

OFFICIA

Certified Mail Fee
$

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

Postage
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Tot
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Str
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Ms. Lawanda Vaughan
421628 E. 1920 Rd.
Antlers, OK 74523
2007-0017 phc notice

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.

Ms. Lawanda Vaughan
421628 E. 1920 Rd.
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2710 6351 9712 68

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4383

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

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7017 0530 0000 6449 4390

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

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OFFICIA

Certified Mail Fee
$

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

Postage
$
Tota
$
Sent
Stree
City,

Ms. Sue Ann Vaughan
421692 E. 1920 Rd.
Antlers, OK 74523
2007-0017 phc notice

PS Form 3800, April 2015 PSN 7530-02-000-9047

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.

Ms. Sue Ann Vaughan
421692 E. 1920 Rd.
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2710 6351 9712 51

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4390

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

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

For delivery information, visit o

OFFICI

Certified Mail Fee
$

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

Postage
$
To
Mr. Terron Vaugha
421692 E. 1920 Rd.
Antlers, OK 74523
2007-0017 phc n

7017 0530 0000 6449 4406

PS Form 3800, April 2015 PSN 7530-02-

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:
Mr. Terron Vaughan
421692 E. 1920 Rd.
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2710 6351 9712 44

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4406

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

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

U.S. Postal Service
CERTIFIED MAIL
Domestic Mail Only

For delivery information, visit

OFFIC

Certified Mail Fee
$

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

Postage
$
Total
Terry Vaughan
421628 E. 1920 R
Antlers, OK 745
2007-0017 ph

7017 0530 0000 6449 4413

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:
Terry Vaughan
421628 E. 1920 Rd.
Antlers, OK 74523
2007-0017 phc notice

9590 9402 2710 6351 9712 37

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4413

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

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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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CERTIFIED MAIL
Domestic Mail Only

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OFFIC

Certified Mail Fee
$

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

Postage
$
Total
Mr. Doug and M
P.O. Box 89
Moyers, OK 74
2007-0017 p

7017 0530 0000 6449 4420

PS Form 3800, April 2015 PSN 7530-0

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:
Mr. Doug and Ms. Linda West
P.O. Box 89
Moyers, OK 74557
2007-0017 phc notice

9590 9402 2710 6351 9712 20

2. Article Number (Transfer from service label)
7017 0530 0000 6449 4420

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda West
☐ Agent
☐ Addressee

B. Received by (Printed Name) Linda West | 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
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt