



FILE COPY

June 21, 2022

Matthew W. Brazzel, RPLS  
Jones Carter  
6330 West Loop South, Suite 150  
Bellaire, Texas 77401

Re: On-Going Services  
Preliminary Plat Review of Memorial Drive Elementary School – Third Submittal  
Piney Point Village, Texas  
HDR Job No. 10336218

Dear Mr. Brazzel,

We have reviewed the preliminary plat for the above referenced address. The plat appears to meet all requirements set forth in the City ordinances. Therefore, we have no objections to the preliminary plat.

If you have any questions, please feel free to contact the City.

Sincerely,

HDR Engineering, Inc.

Aaron Croley, P.E., CFM  
Project Engineer

cc: Annette Arriaga – City of Piney Point Village







## MEMORIAL VILLAGES WATER AUTHORITY

8955 GAYLORD DRIVE, HOUSTON, TEXAS 77024-2903

PH: 713-465-8318

FAX: 713-465-8387

---

July 20, 2022

City of Piney Point Village  
Planning & Zoning Commission  
7676 Woodway Dr., Suite 300  
Houston, Texas 77063

Mr. Matt Brazzel  
Quiddity  
6330 West Loop South, Suite 150  
Bellaire, Texas 77401

VIA FAX No.

VIA Email: [mbrazzel@quiddity.com](mailto:mbrazzel@quiddity.com)

Re: Letter of No Objection for **Preliminary** Plat of Memorial Drive Elementary  
11202 Smithdale Road, Piney Point Village, Texas

Dear Commissioners:

Memorial Villages Water Authority (the "Water Authority") has reviewed the proposed **Preliminary** Plat of Memorial Drive Elementary School in the City of Piney Point Village. In our review, we have determined that the proposed Plat will not adversely affect either the existing sanitary sewer system or existing water system that serve property along Smithdale Drive, along Oak Lane, nor the existing services to the lot as this property is currently served with water and sewer services. It should be noted that there are private utility lines within the property that may be affected by the proposed plat and that additional water and sewer services, greater than those that currently exist for this property, have been requested. The Water Authority has the capacity to provide the additional water and sewer needs of the property as presently applied for. Service capacities beyond that currently applied for as of this date shall be considered on a case-by-case basis.

If you have any questions, you may reach me at 713-465-8318.

Sincerely,

A handwritten signature in black ink, appearing to read "Trey Cantu".

Trey Cantu  
General Manager

Cc: Customer file



July 7, 2022

City of Piney Point Village  
7676 Woodway, Suite 300  
Houston, TX 77063

**Re: PRELIMINARY PLAT OF SPRING BRANCH ISD MEMORIAL DRIVE ELEMENTARY  
SCHOOL SUBDIVISION**

To Whom It May Concern:

CenterPoint Energy Houston Electric, LLC and CenterPoint Energy Resources Corp., d/b/a CenterPoint Energy Texas Gas Operations (hereinafter referred to as "CenterPoint Energy"), has been asked to provide a Letter of No Objection for the above referenced plat dated June 21, 2022.

At this time, CenterPoint Energy has no objection associated with the general layout and utility easements as exhibited on said plat.

In cases where utility easements are overlapping with drainage or other specific or pre-existing easements, CenterPoint Energy will require exclusive easements.

Upon completion of CenterPoint Energy's facility designs, dedicated utility easements may be determined inadequate by CenterPoint Energy. In these cases, the developer, his successors or assigns, will be required to provide CenterPoint Energy with exclusive easements.

This letter does not give consent to any abandonment of pre-existing easements, roads, alleys or street right-of-ways. Abandonment of any of the above requires a formal review, consent and/or closure process.

If there are any questions, please contact Yvonne de Launay at 337-781-8186.

Sincerely,

A handwritten signature in black ink that reads "Yvonne de Launay".

Yvonne de Launay  
Senior Right of Way Agent  
Paragon Partners Consultants, Inc.  
Contractor Representing CenterPoint Energy Houston

C: Warren Johnson <[wjohnson@quiddity.com](mailto:wjohnson@quiddity.com)>

PLAT: **PLR22.292**



July 19, 2022

Re: Letter of Service Ability / Plat Approval / Letter of No Objection for Houston, Texas. Site located at the 11202 Smithdale Rd Houston Texas 77024

### **SBISD Memorial Drive Elementary**

To: Warren Johnson  
Quiddity  
6330 West Loop South  
Suite 150  
Bellaire, TX 77401  
Email: [wjohnson@quiddity.com](mailto:wjohnson@quiddity.com)

Attn: Mr. Johnson:

Thank you for your recent inquiry concerning any ATT objection regarding the above- referenced location(s).

ATT has no objection with the property proposal as presented.

Service will be available within the guidelines set forth in our terms and conditions as filed and approved by the State of Texas Public Utility Commission. The point of service requirements will be determined when detailed plans are submitted for approval to ATT.

Any relocation or rearrangement of ATT facilities required by this activity will be a billable expense, to be borne by the responsible party. The ATT Business Office will need to be involved, to set up the account.

Please advise the owner/builder to submit a site plan, and any other pertinent MEP drawings for any planned project to my office as soon as they are finalized, but PRIOR to being let for bid.

Also, any other documents which reflect:

The Final and Correct 911 address, electrical power distribution plan for the project, as well as proposed building locations and dimensions, dedicated utility easements and, if applicable: any apartment numbers, living unit sizes (i.e., 2br, 3br, 4br, etc.), as early as possible.

Upon receipt of this information, ATT will begin the design of the telephone entrance cable placement plan for telephone service to the project.

Significant delay in providing this information may result in the delay of timely services being installed at this undertaking.

The contact information for the electrical Energy Service Consultant handling this project should also be provided to me, to co-ordinate construction activities with the electrical service provider.

Please provide my contact information to any other utility that may be involved, including CATV.

If this information should need to be forwarded to a more appropriate party, please do so, or provide me with the contact information.

Should you have any questions, contact me at 832-975-3716, or E-mail: [LB5962@att.com](mailto:LB5962@att.com) .

Sincerely,

Larry Branche  
Mgr. - Engineering Design  
Southwest Engineering Unit - AT&T Texas (Southwest)



July 7, 2022

Warren Johnson  
Survey Technician  
Spring Branch ISD Memorial Drive Elementary  
11202 Smithdale Rd  
Houston, TX 77024

**Re: Spring Branch ISD Memorial Drive Elementary**

To Whom It May Concern,

Comcast of Houston LLC, a Delaware Limited Liability Company, herein referred to as "Comcast Cable", has been asked to provide a letter of "No Objection" for the above referenced survey dated July.

At this time, Comcast Cable has no objection associated with the general layout and utility easements as exhibited on said plat.

In cases where utility easements are overlapping with drainage or other specific or pre-existing easements, Comcast Cable will require exclusive easements.

Upon completion of Comcast Cable's facility design, if so required, dedicated utility easements may be determined inadequate by Comcast Cable. In these cases, the developer, his successors or assigns, will be required to provide Comcast with exclusive easements.

This letter does not give consent to any encroachments, abandonments of pre-existing easements, roads, alleys, or street rights-of-way. Abandonment of any of the above requires a formal review, consent, and closure process.

Please feel free to contact me at 435-224-2356 with any questions that you may have.

Sincerely,

Jeff Houston  
Authorized Representative

TAX CERTIFICATE FOR ACCOUNT : 0410280020326

AD NUMBER: 0410280020326

GF NUMBER:

CERTIFICATE NO : 7221338

**COLLECTING AGENCY**

Spring Branch I.S.D.

PO Box 19037

Houston TX 77224

DATE : 7/12/2022

FEE : \$10.00

**PROPERTY DESCRIPTION**

TR 2F|ABST 72 J D TAYLOR

PAGE 1 OF 1

11202 SMITHDALE RD

**REQUESTED BY**

SPRING BRANCH ISD

PO BOX 19037

HOUSTON TX 772249037

**PROPERTY OWNER**

SPRING BRANCH ISD

PO BOX 19037

HOUSTON TX 772249037

THIS IS TO CERTIFY THAT AFTER A CAREFUL CHECK OF THE TAX RECORDS, ALL TAXES DUE THE TAX ASSESSOR COLLECTOR OF SPRING BRANCH ISD TAX OFFICE ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN PAID UP TO AND INCLUDING THE CURRENT YEAR TAXES WITH ANY ABOVE LISTED EXCEPTIONS.

IF THE SPECIFIED PROPERTY HAS RECEIVED OR IS RECEIVING SPECIAL VALUATION BASED ON ITS USE, AND ADDITIONAL ROLLBACK TAXES MAY BECOME DUE AS PROVIDED BY TAX CODE, CHAPTER 23.

CURRENT VALUES			
LAND MKT VALUE:	3,484,800	IMPROVEMENT :	473,850
AG LAND VALUE:	0	DEF HOMESTEAD:	0
APPRAISED VALUE:	3,958,650	LIMITED VALUE:	0
EXEMPTIONS: Total			
LAWSUITS:			

YEAR	TAX UNIT	LEVY	PEN	INT	DEF INT	ATTY	AMOUNT DUE
2021	MEMORIAL VILLAGES WA	0.00	0.00	0.00	0.00	0.00	0.00
2021	PINEY POINT VILLAGE	0.00	0.00	0.00	0.00	0.00	0.00
2021	SPRING BRANCH ISD TAX OFFICE	0.00	0.00	0.00	0.00	0.00	0.00
2021 SUB TOTAL							\$0.00

**TOTAL CERTIFIED TAX DUE 7/2022 :**      **\$ 0.00**

ISSUED TO :

SPRING BRANCH ISD

ACCOUNT NUMBER:

0410280020326

CERTIFIED BY :

C.A. Porter / Htz

Spring Branch ISD Tax Office



TAX CERTIFICATE



ANN HARRIS BENNETT  
HARRIS COUNTY TAX ASSESSOR-COLLECTOR  
1001 PRESTON, SUITE 100  
HOUSTON, TEXAS 77002

**Issued To:**

SPRING BRANCH ISD  
PO BOX 19037  
HOUSTON, TX 77224-9037  
USA

**Legal Description**

TR 2F  
ABST 72 J D TAYLOR

**Parcel Address:** 11202 SMITHDALE RD

**Legal Acres:** 8.0000

**Account Number:** 041-028-002-0326

**Print Date:** 07/14/2022 09:18:46 AM

**Certificate No:** 12207506

**Paid Date:**

**Certificate Fee:** \$10.00

**Issue Date:** 07/14/2022

**Operator ID:** CPEREZ

TAX CERTIFICATES ARE ISSUED WITH THE MOST CURRENT INFORMATION AVAILABLE. ALL ACCOUNTS ARE SUBJECT TO CHANGE PER SECTION 26.15 AND 11.43(i) OF THE TEXAS PROPERTY TAX CODE. THIS IS TO CERTIFY THAT ALL TAXES DUE ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN EXAMINED, UP TO AND INCLUDING THE YEAR 2021. ALL TAXES ARE PAID IN FULL

**Exemptions:**

TOTALLY EXEMPT

**Certified Owner:**

SPRING BRANCH ISD  
PO BOX 19037  
HOUSTON, TX 77224-9037  
USA

**Certified Tax Unit(s):**

40 Harris County  
41 Harris County Flood Control Dist  
42 Port of Houston Authority  
43 Harris County Hospital District  
44 Harris County Dept. of Education

2021 Value:	3,958,650
2021 Levy:	\$0.00
2021 Levy Balance:	\$0.00
Prior Year Levy Balance:	\$0.00
Total Levy Due:	\$0.00
P&I + Attorney Fee:	\$0.00
Total Amount Due:	\$0.00



Reference (GF) No: N/A

Issued By: ANN HARRIS BENNETT  
HARRIS COUNTY TAX ASSESSOR-COLLECTOR



7500 San Felipe, Suite 1020  
Houston, TX 77063  
713.589.9000 (OFFICE)  
713.231.5028 (FAX)

## CITY PLANNING LETTER

**GF Number:** 7910-22-0194

**Date:** July 18, 2022

**To:** City Planning Department/City of Houston

Title Houston Holdings (Title Company) certifies that a diligent search of the real property records of Title Houston Holdings title plant has been made, as to the herein described property, and as of 8:00 AM on the 12th day of July 2022, we find the following:

### Property Description:

All that certain tract of land out of the John D. Taylor Survey, in Harris County, Texas, being a part of that certain tract of land which was partitioned and conveyed to Charles G. Dunwoody, Jr., et ux by Harry Sohuhmacher, et ux in that certain partition deed dated July 24, 1948, recorded under Document File No. 557666 in the office of the County Clerk of Harris County, Texas, the tract herein conveyed being more particularly described as follows:

Beginning at an iron pipe in the North line of Smith Road, said pipe being located at the Southwest corner of the tract conveyed to Charles G. Dunwoody, Jr., et ux above referred to;

Thence, North 88° 30' East with the North line of Smith Road, 460 feet to a point for corner;

Thence, North 3° 24' West, 758 feet to a point for corner;

Thence, South 88° 30' West, 460 feet to a point for corner;

Thence, South 3° 24' East, with the West line of the tract conveyed to Charles G. Dunwoody, Jr., et ux, 758 feet to the place of beginning containing eight (8) acres of land, more or less.

**Owner(s) of Record:** Spring Branch Independent School District, a public free school corporation

By virtue of Deed dated December 20, 1948, recorded in Volume 1867, Page 53 of the Deed Records of Harris County, Texas.

### Deed Restrictions:

None of Record

### Easements and other encumbrances:

Easement granted to Houston Lighting & Power Company, being five (5) feet wide along the north property line with an unobstructed aerial easement, recorded in Volume 1863, Page 626 of the Deed Records of Harris County, Texas.

Easement granted to Houston Lighting & Power Company, being ten (10) feet wide along the west property line with an unobstructed aerial easement, recorded in Volume 1863, Page 628 of the Deed Records of Harris County, Texas.

Water and Sanitary Sewer Line Easement granted to Memorial Village Water Supply Corporation, being ten (10) feet wide along the east property line, recorded in Clerk's File No. B210733 (Volume 4097, Page 612).

Water Line Easement granted to Memorial Villages Water Authority, recorded in Clerk's File No. X906132.

**Lien Holder(s):**

None of Record

No examination has been made as to abstracts of judgments, state or federal tax liens, the status of taxes, tax suits or paving assessments.

This letter is used for the use of, and shall inure to the benefit of PLATTING. The liability of the Title Company, Title Houston Holdings, for mistakes or errors in this letter is hereby limited to the cost of said letter.

This letter is issued with the express understanding, evidenced by the acceptance thereof, that the Title Company does not intend to give or express any opinion as to the validity or effect of the instruments listed, and this letter is neither a guaranty nor a warranty of title.

Liability hereunder is limited to the amount paid for same. This report is furnished solely as an accommodation to the party requesting same and should not be relied upon, as a warranty or representation as to the title to the property described herein, and may not be given to or used by any third party. Title Houston Holdings assumes no liability whatsoever for the accuracy of this report or for any omissions or errors with respect hereto. You agree to release, indemnify, and hold harmless Title Houston Holdings of any negligence by them (whether sole, joint or otherwise) for any claim, loss, liability or damages arising out of this report.


This report is not title insurance. If a policy of title insurance is purchased, any liability thereunder shall be determined solely by the terms of such policy.

Caution: Title Houston Holdings assumes no liability for errors or omissions in this report or for verbal statements. This is a copy of a preliminary report made for use of Title Houston Holdings only, to determine whether a title insurance policy can be issued. If a copy is furnished to the parties involved in the transaction, it is to facilitate preparation of the necessary instruments, to point out curative requirements (if any) and to show the results of the company's title search (upon which on the company may rely).

None of the information contained herein, or the absence of other information, constitutes a representation to any party, other than the company, as to the status of title. If a title defect or encumbrance should exist which is not disclosed herein, the company shall not be liable by reason of furnishing the report or for any verbal statements related thereto. The company shall not be liable for any title defect unless a title insurance policy is issued insuring against such defect. The applicable premium paid and the company's liability shall exist only under the terms of its policy (as prescribed by the state board of insurance) and is measured and limited thereby.

Notice: Title Houston Holdings disclaims any warranties, expressed or implied, concerning the information. This information is solely for the use of the party requesting it and no one else. Title Houston Holdings liability for errors and/or omissions in this information is limited to the amount paid for this report. By accepting this form, the party requesting the information agrees that the disclaimer of warranties and liability limitation contained in this paragraph is a part of its contract with Title Houston Holdings and will cover all actions arising by statutes, in contract, or in tort.

**Title Houston Holdings**



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**Katie Greene**  
**Title Examiner**  
**Updated from 02/01/2022 (RN)**

59  
590284

THE STATE OF TEXAS  
COUNTY OF HARRIS

Know all men by these presents: That I, Katharine B. Mott, joined herein by her husband, Harry L. Mott, of the County of Harris, State of Texas, for and in consideration of the sum of Ten and No/100 (\$10.00) Dollars and other good and valuable considerations cash to me in hand paid by the District Trustees of Spring Branch Independent School District, a public free school corporation, in Harris County, Texas, the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said District Trustees of Spring Branch Independent School District, of Harris County, Texas, their successors and assigns, the following described property, lying and being situated in the County of Harris, State of Texas, to-wit:

All that certain tract of land out of the John D. Taylor Survey, in Harris County, Texas, being a part of that certain tract of land which was partitioned and conveyed to Charles G. Dunwoody, Jr., et ux by Harry Schuhmacher, et ux in that certain partition deed dated July 24, 1948, recorded under Document File No. 557666 in the office of the County Clerk of Harris County, Texas, the tract herein conveyed being more particularly described as follows:

Beginning at an iron pipe in the North line of Smith Road, said pipe being located at the Southwest corner of the tract conveyed to Charles G. Dunwoody, Jr., et ux above referred to;

Thence, North 88° 30' East with the North line of Smith Road, 460 feet to a point for corner;

Thence, North 3° 24' West, 758 feet to a point for corner;

Thence, South 88° 30' West, 460 feet to a point for corner;

Thence, South 3° 24' East, with the West line of the tract conveyed to Charles G. Dunwoody, Jr., et ux, 758 feet to the place of beginning, containing eight (8) acres of land, more or less.

This conveyance is made and accepted subject to an

easement and right of way granted to Houston Lighting & Power Company by grantors along the North and West sides of the property herein conveyed, as shown by an instrument filed for record in the Deed Records of Harris County.

To have and to hold the above described premises, together with all and singular the rights and appurtenances thereunto in anywise belonging unto the said District Trustees of Spring Branch Independent School District, their successors and assigns forever; and we do hereby bind ourselves, our heirs, executors and administrators to warrant and forever defend, all and singular the said premises unto the said District Trustees of Spring Branch Independent School District, their successors and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof.

Executed this, the 20<sup>th</sup> day of December, A.D., 1948.



Katharine B. Mott  
Katharine B. Mott

Harry L. Mott  
Harry L. Mott

THE STATE OF TEXAS  
COUNTY OF HARRIS

Before me, the undersigned authority, on this day personally appeared Harry L. Mott and wife, Katharine B. Mott, known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed; and the said Katharine B. Mott, having been examined by me privily and apart from her husband, and having the same fully explained to her, she, the said Katharine B. Mott, acknowledged such instrument to be her act and deed and declared that she had willingly signed the same for the purposes and consideration therein expressed, and that she did not wish to retract it.

Given under my hand and seal of office this 20<sup>th</sup> day of December, A.D. 1948.

Robert Mott  
Notary Public  
Harris County, Texas



Filed for Record Jan 3-1949 at 4:20 O'clock P.M.  
Recorded Jan 25-1949 at 8:50 O'clock A.M.  
W. L. WILKIE, Clerk County Court, Harris County, Texas.  
By Stella Lapham Deputy.



## MEMORIAL VILLAGES WATER AUTHORITY

8955 GAYLORD DRIVE, HOUSTON, TEXAS 77024-2903

PH: 713-465-8318

FAX: 713-465-8387

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July 20, 2022

City of Piney Point Village  
Planning & Zoning Commission  
7676 Woodway Dr., Suite 300  
Houston, Texas 77063

Mr. Matt Brazzel  
Quiddity  
6330 West Loop South, Suite 150  
Bellaire, Texas 77401

VIA FAX No.

VIA Email: [mbrazzel@quiddity.com](mailto:mbrazzel@quiddity.com)

Re: Letter of No Objection for **Preliminary** Plat of Memorial Drive Elementary  
11202 Smithdale Road, Piney Point Village, Texas

Dear Commissioners:

Memorial Villages Water Authority (the "Water Authority") has reviewed the proposed **Preliminary** Plat of Memorial Drive Elementary School in the City of Piney Point Village. In our review, we have determined that the proposed Plat will not adversely affect either the existing sanitary sewer system or existing water system that serve property along Smithdale Drive, along Oak Lane, nor the existing services to the lot as this property is currently served with water and sewer services. It should be noted that there are private utility lines within the property that may be affected by the proposed plat and that additional water and sewer services, greater than those that currently exist for this property, have been requested. The Water Authority has the capacity to provide the additional water and sewer needs of the property as presently applied for. Service capacities beyond that currently applied for as of this date shall be considered on a case-by-case basis.

If you have any questions, you may reach me at 713-465-8318.

Sincerely,

A handwritten signature in blue ink, appearing to read "Trey Cantu".

Trey Cantu  
General Manager

Cc: Customer file



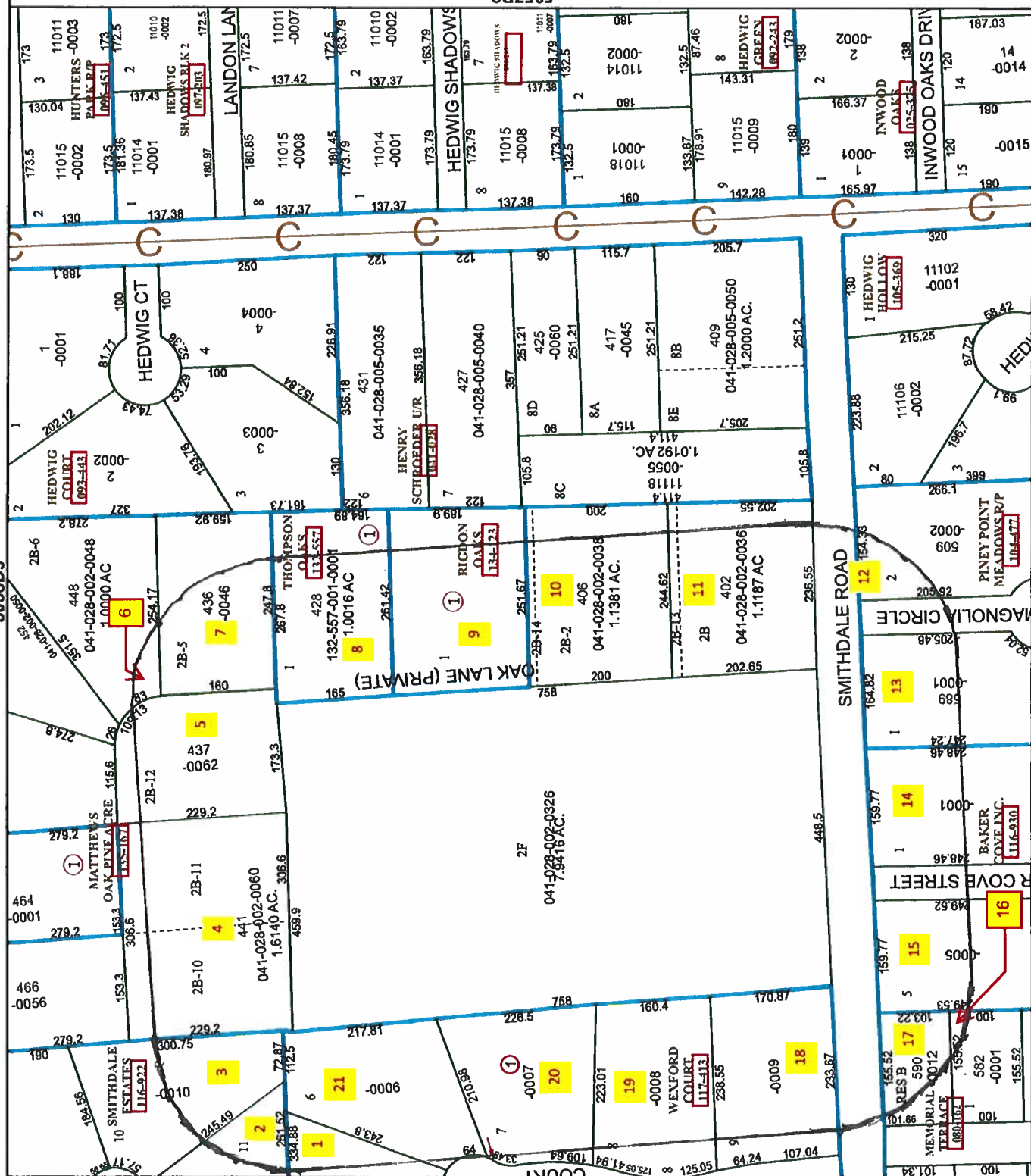
3/10/2020

## MAP LOCATION



**FACET**  
**5057B17**

11	12	9	10	11
3	4		2	3
7	8	5	6	7





Dear Resident,

The City of Piney Point Village Planning and Zoning Commission has received an application for the submittal of a preliminary plat of the 7.973 acre tract of land located at 11202 Smithdale Road, Houston, TX, 77024. This tract of land is the Memorial Drive Elementary School campus.

This tract of land is currently un-platted acreage and is being platted to create one (1) Restricted Reserve. This Reserve will be restricted to school and related uses. The plat will establish building setback lines in accordance with the City of Piney Point Village Code of Ordinances. The City of Piney Point Village Code of Ordinances requires among other things, that property must be platted prior to the issuance of building permits for certain improvements.

***This plat does not address the development of the property or future improvements to this tract of land.***

The new subdivision name will be: Spring Branch ISD Memorial Drive Elementary School Subdivision.

The City of Piney Point Village Planning and Zoning Commission will hold a public meeting and public hearing on this application.

Meeting Location: 7676 Woodway Drive, Suite 300, City Council Chambers, Houston, TX, 77063-1523.

Meeting Time: Thursday, July 28, 2022 at 6:30 p.m.

For information regarding this application, please contact:

Warren Johnson, Quiddity Engineering, LLC, at (713) 777-5337 or [wjohnson@quiddity.com](mailto:wjohnson@quiddity.com)

### MAILING LIST

MAP NO.	NAME	ADDRESS
1	SUSAN FARGASON	5 WEXFORD CT HOUSTON, TX 77024
2	RAY CHUNG	11 SMITHDALE ESTATES DR HOUSTON, TX 77024
3	GARY MASON	10 SMITHDALE ESTATES DR HOUSTON, TX 77024
4	RUBY LENERT	2011 WEISHUHN RD NEW ULM, TX 78950
5	TRENTON CARLYLE	437 OAK LN HOUSTON, TX 77024
6	CUURENT OWNER	448 OAK LN HOUSTON, TX 77024
7	ROBERT MURPHY	436 OAK LN HOUSTON, TX 77024
8	ROBERT MURPHY	428 OAK LN HOUSTON, TX 77024
9	MATTHEW RIGDON	420 OAK LN HOUSTON, TX 77024
10	M K LEGRO	406 OAK LN HOUSTON, TX 77024
11	TIM BURGESS	402 OAK LN HOUSTON, TX 77024
12	ABDUL BARAZI	590 MAGNOLIA CIR HOUSTON, TX 77024
13	RYAN STEWARD	589 MAGNOLIA CIR HOUSTON, TX 77024
14	BRADY LONG	1 BAKER COVE ST HOUSTON, TX 77024
15	JEAN LEMIRE	5 BAKER COVE ST HOUSTON, TX 77024
16	CURRENT OWNER	582 W DANA LN HOUSTON, TX 77024
17	SHAWHIN KARIMI	590 W DANA LN HOUSTON, TX 77024
18	BAI YANG	9 WEXFORD CT HOUSTON, TX 77024
19	JOHN WRIGHT	8 WEXFORD CT HOUSTON, TX 77024
20	ALLAN TAYLOR	7 WEXFORD CT HOUSTON, TX 77024
21	CLARENCE CAZALOT	6 WEXFORD CT HOUSTON, TX 77024

7018 1130 0002 2487 5908

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee  
\$ 3.75

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

☒ Return Receipt (hardcopy) \$ 3.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$ .73

Total Postage and Fees

\$ 7.53

Sent To

JOHN WRIGHT

Street and Apt. No., or PO Box No.

8 WEXFORD CT

City, State, ZIP+4®

HOUSTON, TX 77024

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

See Reverse for Instructions

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee  
\$ 3.75

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

☐ Return Receipt (hardcopy) \$ 3.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$ .73

Total Postage and Fees

\$ 7.53

Sent To

ROBERT MURPHY

Street and Apt. No., or PO Box No.

428 OAK LN

City, State, ZIP+4®

HOUSTON, TX 77024

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

See Reverse for Instructions

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee  
\$ 3.75

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

☐ Return Receipt (hardcopy) \$ 3.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$ .73

Total Postage and Fees

\$ 7.53

Sent To

BRADY LONG

Street and Apt. No., or PO Box No.

1 BAKER COVE ST

City, State, ZIP+4®

HOUSTON, TX 77024

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

See Reverse for Instructions

7018 1130 0002 2487 3674

7018 1130 0002 2487 3966

7018 1130 0002 2487 3836

7018 1130 0002 2487 5892

# U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee  
\$ 3.76

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

☒ Return Receipt (hardcopy) \$ 3.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$ .73

Total Postage and Fees

\$ 7.53

Sent To

CURRENT OWNER

Street and Apt. No., or PO Box No.

448 OAK LN

City, State, ZIP+4®

HOUSTON, TX 77024

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

See Reverse for Instructions

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee  
\$ 3.75

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

☒ Return Receipt (hardcopy) \$ 3.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$ .73

Total Postage and Fees

\$ 7.53

Sent To

BAI YANG

Street and Apt. No., or PO Box No.

9 WEXFORD CT

City, State, ZIP+4®

HOUSTON, TX 77024

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

See Reverse for Instructions

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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Certified Mail Fee  
\$ 3.75

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

☐ Return Receipt (hardcopy) \$ 3.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

\$ .73

Total Postage and Fees

\$ 7.53

Sent To

ALLAN TAYLOR

Street and Apt. No., or PO Box No.

7 WEXFORD CT

City, State, ZIP+4®

HOUSTON, TX 77024

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

See Reverse for Instructions

7018 1130 0002 2487 3867

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$ .73
Total Postage and Fees	\$ 7.53

Sent To **JEAN LEMIRE**  
 Street and Apt. No., or PO Box No.  
**5 BAKER COVE ST.**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**

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

7018 1130 0002 2487 3867

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$ .73
Total Postage and Fees	\$ 7.53

Sent To **RYAN STEWARD**  
 Street and Apt. No., or PO Box No.  
**589 MAGNOLIA CIR**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**

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

7018 1130 0002 2487 3850

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$ .73
Total Postage and Fees	\$ 7.53

Sent To **CURRENT OWNER**  
 Street and Apt. No., or PO Box No.  
**582 W DANA LN**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**

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

7018 1130 0002 2487 3911

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

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$ .73
Total Postage and Fees	\$ 7.53

Sent To **M. K. LEGRO**  
 Street and Apt. No., or PO Box No.  
**406 OAK LN**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**

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

7018 1130 0002 2487 3898

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$ .73
Total Postage and Fees	\$ 7.53

Sent To **ABDUL BARAZI**  
 Street and Apt. No., or PO Box No.  
**598 MAGNOLIA CIR**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**

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

7018 1130 0002 2487 3904

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

**OFFICIAL USE**

Certified Mail Fee	\$ 3.75
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 3.05
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$ .73
Total Postage and Fees	\$ 7.53

Sent To **TIM BURGESS**  
 Street and Apt. No., or PO Box No.  
**402 OAK LN**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**

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



7018 1130 0002 2487 5274

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

Certified Mail Fee  
 \$ **3.75**  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **3.05**  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ **.73**  
 Total Postage and Fees  
 \$ **7.53**

Sent To  
**SUSAN FARGASON**  
 Street and Apt. No., or PO Box No.  
**5 WEXFORD CT**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0002 2487 3843

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee  
 \$ **3.75**  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **3.05**  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ **.73**  
 Total Postage and Fees  
 \$ **7.53**

Sent To  
**SHAWHIN KARIMZ**  
 Street and Apt. No., or PO Box No.  
**590 W DANA LN**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0002 2487 7506

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**OFFICIAL USE**

Certified Mail Fee  
 \$ **3.75**  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **3.05**  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ **.73**  
 Total Postage and Fees  
 \$ **7.53**

Sent To  
**GARY MASON**  
 Street and Apt. No., or PO Box No.  
**10 SMITHDALE ESTATES DR.**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0002 2487 7490

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

Certified Mail Fee  
 \$ **3.75**  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **3.05**  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ **.73**  
 Total Postage and Fees  
 \$ **7.53**

Sent To  
**RAY CHUNG**  
 Street and Apt. No., or PO Box No.  
**11 SMITHDALE ESTATES DR.**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0002 2487 3973

U.S. Postal Service<sup>TM</sup>  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee  
 \$ **3.75**  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **3.05**  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ **.73**  
 Total Postage and Fees  
 \$ **7.53**

Sent To  
**TRENTON CARLYLE**  
 Street and Apt. No., or PO Box No.  
**437 OAK LN**  
 City, State, ZIP+4®  
**HOUSTON, TX 77024**  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0002 2487 3980

U.S. Postal Service<sup>TM</sup>  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee  
 \$ **3.75**  
 Extra Services & Fees (check box, add fee as appropriate)  
☒ Return Receipt (hardcopy) \$ **2.05**  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
 Here

Postage  
 \$ **.73**  
 Total Postage and Fees  
 \$ **7.53**

Sent To  
**RUBY LENERT**  
 Street and Apt. No., or PO Box No.  
**2011 WEISHUHN RD.**  
 City, State, ZIP+4®  
**NEW ULM, TX 78950**  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 1130 0002 2487 3942

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

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

**OFFICIAL USE**

Certified Mail Fee \$ <b>3.75</b>	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ <b>3.05</b>	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ <b>.73</b>	
Total Postage and Fees \$ <b>7.53</b>	
Sent To <b>ROBERT MURPHY</b>	
Street and Apt. No., or PO Box No. <b>436 OAK LN</b>	
City, State, ZIP+4® <b>HOUSTON, TX 77024</b>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7018 1130 0002 2487 3928

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

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

**OFFICIAL USE**

Certified Mail Fee \$ <b>3.75</b>	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <b>3.05</b>	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ <b>.73</b>	
Total Postage and Fees \$ <b>7.53</b>	
Sent To <b>MATTHEW RIGDON</b>	
Street and Apt. No., or PO Box No. <b>428 OAK LN</b>	
City, State, ZIP+4® <b>HOUSTON, TX 77024</b>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7018 1130 0002 2487 5304

U.S. Postal Service™  
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 Domestic Mail Only

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

**OFFICIAL USE**

Certified Mail Fee \$ <b>3.75</b>	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <b>3.05</b>	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ <b>.73</b>	
Total Postage and Fees \$ <b>7.53</b>	
Sent To <b>Clarence Cazalst</b>	
Street and Apt. No., or PO Box No. <b>6 Wexford Ct</b>	
City, State, ZIP+4® <b>HOUSTON TX 77024</b>	
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:

Att: Current Owner  
448 Oak In.  
Houston, TX 77024



7018 1130 0002 2487 3966

2. Article Number (Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *A. Seibel*☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
7/14/22D. 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 X☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ 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

## 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:

Att: Robert Murphy  
428 Oak In.  
Houston, TX 77024



7018 1130 0002 2487 3935

2. Article Number (Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *A. Seibel*☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
7/13/22D. 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 X☐ 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

## 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:

Att: Shawhin Karimi  
590 W. Dana In.  
Houston, TX 77024



9590 9402 4060 8079 4056 87

2. Article Number (Transfer from service label)

7018 1130 0002 2487 3843

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *A. Seibel*☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
7/13/22D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No


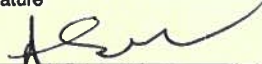
3. Service Type

☐ 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


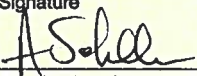
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="text-align: center; padding: 10px;"> <p>Att: Mathew Rigdon</p> <p>420 Oak In.</p> <p>Houston, TX 77024</p> </div> <div style="text-align: center;">  <p>9590 9402 4060 8079 4056 01</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7018 1130 0002 2487 3928</p>	<p>A. Signature</p> <p>X  <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>C. Date of Delivery</p> <p style="text-align: right; font-size: 1.2em;">7/14/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input checked="" type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation®  <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> <p><input type="checkbox"/> Insured Mail (Restrictions apply)</p>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <div style="text-align: center; padding: 10px;"> <p>Att: Allan Taylor</p> <p>7 Wexford CT.</p> <p>Houston, TX 77024</p> </div> <div style="text-align: center;">  <p>9590 9402 4060 8079 4056 70</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7018 1130 0002 2487 3850</p>	<p>A. Signature</p> <p>X  <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>C. Date of Delivery</p> <p style="text-align: right; font-size: 1.2em;">7/14/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input checked="" type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation®  <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> <p><input type="checkbox"/> Mail Restricted Delivery (Restrictions apply)</p>	

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="text-align: center; padding: 10px;"> <p>Att: Allan Taylor</p> <p>7 Wexford CT.</p> <p>Houston, TX 77024</p> </div> <div style="text-align: center;">  <p>9590 9402 4060 8079 4057 17</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-size: 1.2em;">7018 1130 0002 2487 5892</p>	<p>A. Signature</p> <p>X  <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>C. Date of Delivery</p> <p style="text-align: right; font-size: 1.2em;">7/14/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input checked="" type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation®  <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> <p><input type="checkbox"/> Mail Restricted Delivery (Restrictions apply)</p>	

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



## 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:

Att: Abdoul Barazi  
590 Magnolia Circle  
Houston, TX 77024



9590 9402 4060 8079 4056 32

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 3898

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

7/24/12

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

## 3. Service Type

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Signature  | <input type="checkbox"/> Priority Mail Express®                                |
| <input type="checkbox"/> Adult Signature Restricted Delivery                                      | <input type="checkbox"/> Registered Mail™                                      |
| <input type="checkbox"/> Certified Mail®  | <input type="checkbox"/> Registered Mail Restricted Delivery                   |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery                            | <input type="checkbox"/> Return Receipt for Merchandise                        |
| <input type="checkbox"/> Collect on Delivery  | <input type="checkbox"/> Signature Confirmation™                               |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery                                  | <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery (Mail Restricted Delivery \$500) |  |

Domestic Return Receipt

## 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:

Att: Robert Murphy  
436 Oak In.  
Houston, TX 77024



9590 9402 4060 8079 4055 88

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 3942

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

7/24/12

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

## 3. Service Type

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Signature  | <input type="checkbox"/> Priority Mail Express®                                |
| <input type="checkbox"/> Adult Signature Restricted Delivery                                      | <input type="checkbox"/> Registered Mail™                                      |
| <input type="checkbox"/> Certified Mail®  | <input type="checkbox"/> Registered Mail Restricted Delivery                   |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery                            | <input type="checkbox"/> Return Receipt for Merchandise                        |
| <input type="checkbox"/> Collect on Delivery  | <input type="checkbox"/> Signature Confirmation™                               |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery                                  | <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery (Mail Restricted Delivery \$500) |  |

Domestic Return Receipt

## 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:

Att: Trenton Carlyle  
437 Oak In.  
Houston, TX 77024



9590 9402 4060 8079 4055 57

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 3973

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

7/24/12

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

## 3. Service Type

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Signature  | <input type="checkbox"/> Priority Mail Express®                                |
| <input type="checkbox"/> Adult Signature Restricted Delivery                                      | <input type="checkbox"/> Registered Mail™                                      |
| <input type="checkbox"/> Certified Mail®  | <input type="checkbox"/> Registered Mail Restricted Delivery                   |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery                            | <input type="checkbox"/> Return Receipt for Merchandise                        |
| <input type="checkbox"/> Collect on Delivery  | <input type="checkbox"/> Signature Confirmation™                               |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery                                  | <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery (Mail Restricted Delivery \$500) |  |

Domestic Return Receipt

## 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:

Att: John Wright  
8 Wexford CT.  
Houston, TX 77024



9590 9402 4060 8079 4057 31

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 5908

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Schuler*☒ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

7/14/22

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

all 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.

## 1. Article Addressed to:

Att: Brady Long  
1 Baker Cove St.  
Houston, TX 77024



9590 9402 4060 8079 4056 56

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 3874

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Schuler*☒ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

7/14/22

- 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 Restrict☐ Return Receipt for Merchandise☐ Signature Confirmation™☒ Signature Confirmation Restricted Deliveryd Mail  
d Mail Restricted Delivery (\$500)

## 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:

Att: Clarence Cazalot  
6 Wexford ct  
Houston, TX 77024



9590 9402 4060 8079 4053 35

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 5304

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Schuler*☒ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

7/14/22

- 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 Restrict☐ Return Receipt for Merchandise☐ Signature Confirmation™☒ Signature Confirmation Restricted DeliveryInsured Mail  
Insured Mail Restricted Delivery over \$500)

Domestic Return Receipt



## 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:

Att: M K Legro  
406 Oak In.  
Houston, TX 77024



9590 9402 4060 8079 4056 18

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 3911

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]* ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

7/14/22

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

## 3. Service Type

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                                |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                                      |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery                   |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise                        |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                               |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |  |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |

Domestic Return Receipt

## 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:

Att: Tim Burgess  
402 Oak In.  
Houston, TX 77024



9590 9402 4060 8079 4056 25

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 3904

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]* ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

7/14/22

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

## 3. Service Type

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                                |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                                      |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery                   |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise                        |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                               |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |  |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |

Domestic Return Receipt

## 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:

Att: Susan Fargason  
5 Wexford CT.  
Houston TX 77024



9590 9402 4060 8079 4055 19

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 5274

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]* ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

7/14/22

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

## 3. Service Type

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                                |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                                      |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery                   |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise                        |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                               |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |  |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |

Domestic Return Receipt

## 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:

Att: Jean Lemire  
5 Baker Cove St.  
Houston, TX 77024



9590 9402 4060 8079 4056 63

## 2. Article Number (Transfer from service label)

7018 1130 0002 2487 3867

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X A. Sohel☒ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

July 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

id Mail  
id Mail Restricted Delivery  
\$500)