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:

KIM E WEIDE
12448 CARLIN LAKE DRIVE
PRESQUE ISLE, WI 54557

2. Article Number (Transfer
7112 0170 6470 0230 824

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kim E Weide ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kim Weide
C. Date of Delivery 6/5/26

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

258-2019 #1 07152026

3. Service Type

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

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

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.

...le Addressed to:

ESTATE OF KATHRYN G. JOHNSON
GAYLE J. MCARTHUR, PERSONAL REPRESENTATIVE
C/O HARRIS, KUKEY & HELGESEN, P.A. TRUST ACCOUNT, 11380
PROSPERITY FARMS ROAD, #201
PALM BEACH GARDENS, FL 33410

9590 9402 9541 5121 5230 66

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 8317

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

258-2019 #13 07152026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

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:

GAYLE J. MCARTHUR, WILLIAM M. JOHNSON, CARL G. JOHNSON, AND ANDREW HELGESEN
C/O HARRIS, KUKEY & HELGESEN, P.A. TRUST ACCOUNT, 11380
PROSPERITY FARMS ROAD, #201
PALM BEACH GARDENS, FL 33410

9590 9402 9541 5121 5230 59

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 8324

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

258-2019 #14 07152026

3. Service Type

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

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:

PALM BEACH COUNTY WATER UTILITIES DEPARTMENT
COLLECTIONS SECTION, 9045 JOG ROAD
BOYNTON BEACH, FL 33472

9590 9402 9541 5121 5248 34

2. Article Number *(Transfer from service label)*
7112 0170 6470 0230 8355

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 6/4/26

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

258-2019 #17 07152026

3. Service Type

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

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