

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:
EVELYN NAVARRO CRUZ
514 JENNINGS AVE.
GREENACRES, FL 33463



9590 9402 4100 8092 3104 22

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4805

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Evelyn Navarro Cruz* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Evelyn Navarro Cruz C. Date of Delivery

07-26

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

1078-2024 #24 11182026

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)

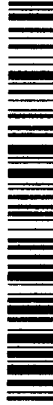
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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 to:
JOHNESHA MCLEOD
41 BETHUNE ST.
BELLE GLADE, FL 33430-5051



9590 9402 4100 8092 3105 83

2. Article Number (Transfer from service label)
7112 0170 6470 0232 4485

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☒ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

- ☐ Yes
- ☐ No

1078-2024 #16 11182026

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

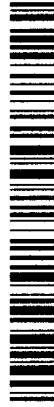
Domestic Return Receipt

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:

FLORIDA DEPARTMENT OF REVENUE
WEST PALM BEACH SERVICE CENTER,
WEST PALM BEACH, FL 33407-3105



9590 9402 4100 8092 3105 07

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4829

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cynthia V. Baker* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Baker

C. Date of Delivery

10/9/26

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:
2468 METROCENTRE BLVD.

1078-2024 #26 11192026

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

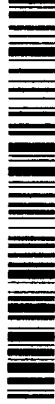
Domestic Return Receipt

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 ADMINISTRATIVE
COURT REVENUE, COURT COMPLIANCE,
205 N DIXIE HWY, ROOM 4.22
WEST PALM BEACH, FL 33401



9590 9402 4100 8092 3105 38

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4546

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Chris M. Smith ☐ C. Date of Delivery *10-9-26*

D. Is delivery address different from item 1? ☐ Yes ☐ No

~~COMPLETE~~ delivery address below:

CUSTOMER SERVICE

1078-2024 #22 11182026

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 (over \$500)
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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:

PBC CLERK OF THE CIRCUIT COURT &
SUPERVISOR/MANAGER CHILD SUPPORT
205 N DIXIE HWY, ROOM 3.22
WEST PALM BEACH, FL 33401



9590 9402 4100 8092 3246 27

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4454

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Addressee

B. Received by (Printed Name)

CHRIS YAVRDLI

C. Date of Delivery

10-9-26

D. Is delivery address different from item 1? ☐ Yes

☐ No

Is delivery address below:

1078-2024 #13 11182026

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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- 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:

LOPEZ MARIA M
4035 110TH AVE. N.
ROYAL PALM BEACH, FL 33411-9161



9590 9402 4100 8092 3246 34

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4447

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Maria Lopez* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

MARIA LOPEZ ☐ Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

1078-2024 #12 11182026

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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1. Article Addressed to:
NORBERTO LOPEZ
4035 110TH AVE. N.
ROYAL PALM BEACH, FL 33411



9590 9402 4100 8092 3247 26

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4379

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Maria Lopez ☐ Agent

B. Received by (Printed Name)

MARIA LOPEZ ☐ Yes

C. Date of Delivery

10/17/24 ☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

1078-2024 #9 11182026

3. Service Type

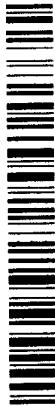
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail (over \$500)
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™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

Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ANTHONY HERNANDEZ
4035 110TH AVE. N.
ROYAL PALM BEACH, FL 33411



9590 9402 4100 8092 3246 41

2. Article Number (transfer from service label)

7112 0170 6470 0232 4416

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Maria Lopez ☒ Agent ☐ Addressee

B. Received by (Printed Name)

MARIA A LOPEZ ☐ C. Date of Delivery *2-10-19*

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

M

1078-2024 #11 11182026

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

SENDER: COMPLETE THIS SECTION

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- 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:

WENDY LOPEZ
4035 110TH AVE. N.
ROYAL PALM BEACH, FL 33411



9590 9402 4100 8092 3246 58

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4386

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Maria Lopez Agent

B. Received by (Printed Name)

MARIA LOPEZ 2-11-19

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below: Yes No

1078-2024 #10 11182026

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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- 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.

Article addressed to:

LAWRENCE C. ROLFE, ESQ.
PO BOX 4400
JACKSONVILLE, FL 32201-4400



9590 9402 4100 8092 3103 47

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4959

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Amanda Jane Mobley

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Amanda Jane Mobley

C. Date of Delivery

10/3/24

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

1078-2024 #40 11182026

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

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:
MIDLAND FUNDING LLC
PO BOX 291035
TAMPA, FL 33687



9590 9402 4100 8092 3104 53

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4850

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

10/13/26

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

1078-2024 #29 11182026

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

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:
MIDLAND FUNDING LLC
350 CAMINO DE LA REINA, SUITE 300
SAN DIEGO, CA 92108



9590 9402 4100 8092 3104 46

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4867

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Reanne Pilapil

☐ 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

RECEIVED

OCT 13 2026

By:

1078 2024 #30 11182026***

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

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:
MIDLAND CREDIT MANAGEMENT, INC.
350 CAMINO DE LA REINA, SUITE 300
SAN DIEGO, CA 92108



9590 9402 4100 8092 3104 60

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4898

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Reanne Pilapil** ☐ Agent
X ☒ Addressee
B. Received by (Printed Name) **RECEIVED** Date of Delivery **OCT 13 2020**
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
By: _____

1078-2024 #33 11182026

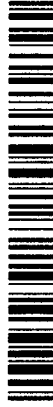
3. Service Type
- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured 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:
ONEMAIN FINANCIAL GROUP, LLC
1501 S. CLINTON ST., SUITE 600
BALTIMORE, MD 21224



9590 9402 4100 8092 3103 54

2. Article Number (Transfer from service label)
7112 0170 6470 0232 4942

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *scu* 3

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/14

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

1078-2024 #39 11182026

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

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:
LISA ANN GROSSMAN
1618 TWELVE OAKS WAY, STE. 102
NORTH PALM BEACH, FL 33408



9590 9402 4100 8092 3104 39

2. Article Number (Transfer from service label)
7112 0170 6470 0232 4904

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Addressee

B. Received by (Printed Name)

L Grossman

C. Date of Delivery

10-15-28

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

1078-2024 #34 11182026

3. Service Type

- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Collect on Delivery
- ☐ Insured Mail (over \$500)
- ☐ Registered Mail™
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Signature Confirmation Restricted Delivery

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

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.

MAIL MANAGEMENT, INC.
PO BOX 2121
WARREN, MI 48090



9590 9402 4100 8092 3104 77

2. Article Number (Transfer from service label)
7112 0170 6470 0232 4881

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAY 13/2026

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

1078-2024 #32 11:82026

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

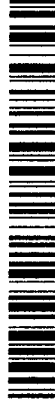
Domestic Return Receipt

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:

MIDLAND FUNDING LLC
350 CAMINO DE LA REINA, SUITE 100
SAN DIEGO, CA 92108



9590 9402 4100 8092 3103 92

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4843

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Erka Aragon** ☐ Agent
X ☒ Addressee
B. Received by (Printed Name) C. Date of Delivery

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

RECEIVED

OCT 16 2026

By: 1018 5024 #28 11182026

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

Domestic Return Receipt

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- 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:

STATE OF FLORIDA
OFFICE OF THE ATTORNEY GENERAL

OFFICE

[illegible]

9590 9402 4100 8092 3105 14

or from service label)

7112 u, . . . U232 4799

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

Domestic Return Receipt

1078-2024 #23 11182026

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

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:
JORGE LUIS LOPEZ
4035 110TH AVE. N.
ROYAL PALM BEACH, FL 33411



9590 9402 4100 8092 3247 33

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4362

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Maria Lopez* ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

MARIA LOPEZ 7/10/18

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

1078-2024 #8 11182026

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail (over \$500) | ☐ Insured Mail Restricted Delivery |

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:
MIDLAND CREDIT MANAGEMENT, INC.
350 CAMINO DE LA REINA, SUITE 100
SAN DIEGO, CA 92108



9590 9402 4100 8092 3104 91

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4874

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Erka Aragon**

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below

RECEIVED

OCT 16 2026

By: **1078-2024 #31-41182036**

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 (over \$500)
 - ☐ Insured Mail Restricted Delivery
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

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:
SYNCHRONY BANK
P.O. BOX 669827
DALLAS, TX 75266



9590 9402 4100 8092 3103 78

2. Article Number (Transfer from service label)
7112 0170 6470 0232 4928

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

- ☐ Agent
☐ Addressee

C. Date of Delivery

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

1078-2024 #37 11182026

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured 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:
ONE MAIN FINANCIAL GROUP, LLC
601 NW 2ND ST.
EVANSVILLE, IN 47708



9590 9402 4100 8092 3103 61

2. Article Number (Transfer from service label)
7112 0170 6470 0232 4935

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

1078-2024 #38 11182026

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

Delivery Receipt