

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:

BYLINE BANK
C/O POST CLOSING DEPARTMENT
1800 S. HALSTED STREET, 2ND FLOOR
CHICAGO, IL 60608



9590 9402 4100 8092 3249 00

2. Article Number (Transfer from service label)

7112 0170 6470 0232 5123

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

2832-2024 #13 11182028

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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1. Article Addressed to:
COMPASS FINANCIAL HOLDING GROUP
ATTN: LEGAL DEPT.
115 55TH STREET, 4TH FLOOR
CLARENDON HILLS, IL 60514



9590 9402 4100 8092 3052 06

2. Article Number (Transfer from service label)

7112 0170 6470 0232 5154

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

2832-2024 #16-111-223

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)

☐ Express®☐ Registered Mail™☐ Return Receipt☐ Return Receipt for Merchandise☐ Signature Required☐ Signature Restricted

Domestic

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1. Article Addressed to:

GREYMORR FL LLC
5002 DUNGE ST, 203
DUNEDIN FL 33511-68132



9590 9402 4100 8092 3052 75

2. Article Number (Transfer from service label)

7112 0170 6470 0232 5055

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

10-13-24

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

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

2832-2024 #1 11182026

3. Service Type

- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Collect on Delivery
- ☐ Insured Mail (over \$500)
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation 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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1. Complete items 1, 2, and 3.
C/O MICHAEL D. GENTZLE, ESQ.
COLEMAN, YOVANOVICH & KOESTER,
SUITE 300
NAPLES, FL 34103



9590 9402 4100 8092 3052 20

2. Article Number (Transfer from service label)

7112 0170 6470 0232 5109

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)

C. Date of Delivery

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

P.A., 4001 TAMiami TRAIL NORTH,

2832-2024 #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)

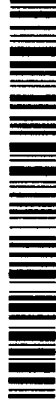
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:
COMPASS FINANCIAL HOLDING GROUP
115 55TH STREET, STE. 200
CLARENDON HILLS, IL 60514



9590 9402 4100 8092 3052 13

2. Article Number (Transfer from service label)

7112 0170 6470 0232 5147

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent

B. Received by (Print Name) LSA24K C. Date of Delivery

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

2832-2024 #15 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:
 COMPASS FUNDING SOLUTIONS, LLC
 REGISTERED AGENTS INC. RA
 7901 4TH ST N STE 300
 ST. PETERSBURG, FL 33702



9590 9402 4100 8092 3051 90

2. Article Number (Transfer from service label)

7112 0170 6470 0232 5178

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 X NO
 B. Received by (Printed Name) NOVA CO C. Date of Delivery 7/2/23
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

2832-2024 #19 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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1. Article Addressed to:
COMPASS FINANCIAL HOLDING GROUP
115 55TH STREET, 4TH FLOOR
CLARENDON HILLS, IL 60514



9590 9402 4100 8092 3248 94

2. Article Number (Transfer from service label)

7112 0170 6470 0232 5130

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☒ Agent ☐ Addressee

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

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

2832-2024 #14 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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1. Article Addressed to:
COMPASS FUNDING SOLUTIONS, LLC
115 55TH STREET, STE. 200
CLARENDON HILLS, IL 60514



9590 9402 4100 8092 3052 44

2. Article Number (Transfer from service label)

7112 0170 6470 0232 5086

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

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

2832-2024 #9 11182026

3. Service Type

- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail (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:

COMPASS FUNDING SOLUTIONS, LLC
115 55TH STREET, STE. 200, ATTN: LEGAL DEPT.
CLARENDON HILLS, IL 60514



9590 9402 4100 8092 3052 37

2. Article Number (Transfer from service label)

7112 0170 6470 0232 5093

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? ☐ Yes

If YES, enter delivery address below: ☐ No

2832-2024 #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