

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Julie Dewoody Greathouse</i></p>
<p>1. Article Addressed to:</p> <p><i>Julie Dewoody Greathouse</i>  <i>PPGMR Law, PLLC</i>  <i>201 E. Markham Street</i>  <i>Suite 200</i>  <i>Little Rock, Arkansas</i>  <i>72203</i></p>	<p>B. Received by (Printed Name) <i>J. Greathouse</i> C. Date of Delivery <i>2/13/23</i></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>2. Article Number          (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p><i>7099 3220 0001 4437 0843</i></p> <p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>