

Courtney Carter

7006 0810 0005 9535 5891

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To Ms. Holly Dempsey
 Street, Apt. No.,
 or PO Box No. 3619 Wheeler Avenue
 City, State, ZIP+4 Fort Smith, Arkansas 72901

PS Form 3800, June 2002 See Reverse for Instructions

7006 0810 0005 9535 5969

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To Ms. Kimberly D. Logue
 Street, Apt. No.,
 or PO Box No. Counsel
 City, State, ZIP+4 P.O. Box 251618
 Little Rock, Arkansas 72225

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Ms. Kimberly D. Hogue
 Counsel for Parker Solvents
 Company, Inc.
 P.O. Box 251618
 Little Rock, Arkansas
 72225-1618

2. Article Number
 (Transfer from service label)

7006 0810 0005 9535 5969

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Cassie D. Hogue* Agent Addressee

B. Received by (Printed Name) *Cassie D. Hogue* C. Date of Delivery *2/30/21*

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



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail Other

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PPGM618 72225-RES-1C20 03/18/21
 NOTIFY SENDER OF NEW ADDRESS
 :PPGMR LAW PLLC
 PO BOX 3446
 LITTLE ROCK AR 72203-3446

