

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.

KIVELL, RAYMENT & FRANCIS
ATTN: Jason Howell
TRIAD CENTER I, SUITE 550
7666 E. 61ST ST.
TULSA, OK 74133

CAS (PH) DLAP-022711-2025 CODE



9590 9402 8988 4064 4169 23

2. Article Number (Transfer from service label)

9589 0710 5270 2366 1245 88 icted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Shannon Nichols Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

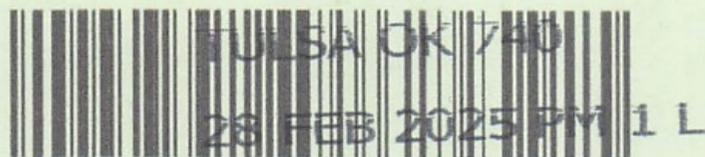
2-28-25

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

Department of Community Development
City of Broken Arrow
P.O. Box 610
Broken Arrow, OK 74013-0610

