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. **Darlene Purtell**
c/o Robert Purtell
6738 West Archer Street
Tulsa, OK 74127-5615

CAS - RNTAPH (20-10035743)

9590 9402 5309 9154 4889 18

2. Article Number *(Transfer from service label)*
7018 2290 0001 3292 6431

COMPLETE T... SECTION ON DELIVERY

A. Signature
X Robert Purtell ☐ Agent ☐ Addressee

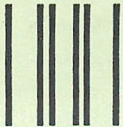
B. Received by *(Printed Name)* Robert Purtell C. Date of Delivery 3-31-20

...ss different from item 1? ☐ Yes
...ivery 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
- ☐ ...ail
- ☐ ...ail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #

9590 9402 5309 9154 4889 18



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

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