

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.

JP MORGAN CHASE BANK, N.A.
 CHASE RECORDS CENTER
 RE: COLLATERAL TRAILING DOCUMENTS
 P.O. BOX 8000
 MONROE, LA 71203

CAS (PH DLAP-022711-2025) CODE



9590 9402 8988 4064 4168 86

2. Article Number (Transfer from service label)

9589 0710 5270 2366 1246 18

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dakota Robertson

- Agent
- Addressee

B. Received by (Printed Name)

Dakota Robertson

C. Date of Delivery

Is delivery address different from item 1? Yes

If YES, enter delivery address below:

Yes

No

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

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

