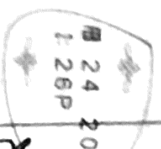


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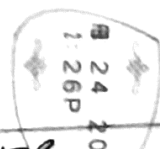
Certified Mail Fee \$	Postmark Here 
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Postage \$	
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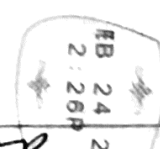
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Postage \$	
Total Postage and Fees \$	
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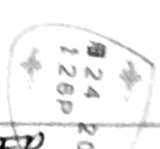
Certified Mail Fee \$	Postmark Here 
Extra Services & Fees (check box, add fee as appropriate)	
Postage \$	
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Sent To PROPERTY OWNER Street and Apt. No. or PO Box No. 3467 SHAWNEE TRAIL City, State, ZIP+4® SMYRNA GA 30080	

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
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Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
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Total Postage and Fees
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Certified Mail Restricted Delivery \$ _____

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Adult Signature Restricted Delivery \$ _____

Postage
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