

BEFORE THE BOARD OF SUPERVISORS OF THE COUNTY OF MADISON
STATE OF MISSISSIPPI

IN THE MATTER OF REZONING OF
CERTAIN LAND SITUATED IN SECTION 17,
TOWNSHIP 10 NORTH, RANGE 5 EAST,
MADISON COUNTY, MISSISSIPPI

PETITIONER: MADISON COUNTY ECONOMIC DEVELOPMENT AUTHORITY
(MCEDA)

PETITION TO REZONE AND RECLASSIFY REAL PROPERTY

Comes now, Madison County Economic Development Authority (MCEDA), owner of the hereinafter described land and property, and files this petition with the Board of Supervisors of Madison County, Mississippi, to rezone and reclassify a tract or parcel of land situated in Section 17, Township 10 North, Range 5 East, Madison County, Mississippi, more particularly described as follows, to-wit:

SEE EXHIBIT A

From its present Zoning District Classification of A1 District to a C2 District, in support therefore, would respectfully show as follows, to-wit:


1. The property consists of 5.00 acres.
2. The zoning proposed (is) is not in compliance with the adopted Land Use and Transportation Plan of Madison County, but is the highest and best use.
3. List of changes or conditions that support rezoning from A1 to C2:
 - a. The parcel of land proposed for rezoning from A1 to C2 is now located near a park and other parcels that are currently in the process of being rezoned to R2 and R3.
 - b. Rezoning this parcel of land from A1 to C2 serves to promote the health, safety, and general welfare of Madison County by providing a place for commercial development to thrive and accommodate the needs of the community around it as the community continues to grow with a surrounding school and residential neighborhoods.
 - c. This 5.00 acre parcel of land is situated adjacent to a roadway on three sides of it and is located directly across from a large body of water. The roadways allow for easy access to the parcel of land and the commercial businesses located on it.

- d. There is a sewer in front of the nearby Madison County school, which would benefit the commercial businesses.
- e. As of now, the parcel of land as it is currently zoned is not bringing any money to the County on any consistent basis the way that it has the potential to do if commercial businesses were operating on that parcel.
- f. There is a need for businesses in this area to support the community and bring traffic into the community to support not only the businesses located on this parcel of land should it be successfully rezoned, but also to the other commercial businesses located in the area.

SEE EXHIBIT B

WHEREFORE, PREMISES CONSIDERED, Petitioner respectfully requests that this petition be received, and after due consideration, the Board of Supervisors of Madison County will enter an order amending the land use plan to reflect C2 zoning, and reclassify this property from its present A1 District classification to a C2 District.

Respectfully submitted, this the 11th day of May, 2021.



Petitioner
c/o Joey Deason
MCEDA

BOOK 3322 PAGE 706 DOC 01 TY W
INST # 781142 MADISON COUNTY MS.
This instrument was filed for
record 4/01/16 at 4:21:02 PM
RONNY LOTT, C.C. BY: RSK D.C.

PREPARED BY AND RETURN TO:

Samuel S. Goza (MSB #9962)
THE GOZA LAW FIRM, PLLC
328 E. Center Street
Canton, MS 39046
Telephone: (601) 855-0800

12⁰¹ #611

GRANTOR:

Oil Mill Gin, LLC
3093 S. Liberty Street
Canton, MS 39046
(601) 906-1150

GRANTEE:

Madison County Economic Development Authority
135 Mississippi Parkway
Canton, MS 39046
(601) 605-8541

Indexing Instructions: 5.0 acres in the W ½ of Sec 17, Township 10 North, Range 5 East, Madison County, Mississippi

WARRANTY DEED

For and in consideration of the sum of Ten Dollars (\$10.00), and other good and valuable consideration, **OIL MILL GIN, LLC**, a Mississippi Limited Liability Company, Grantor, does hereby grant, bargain, sell, convey and warrant unto the **MADISON COUNTY ECONOMIC DEVELOPMENT AUTHORITY**, a body politic duly organized and existing under the Constitution and laws of the State of Mississippi, Grantee, the following described real property lying and being situated in Madison County, Mississippi and being more particularly described as follows:

SEE EXHIBIT "A" ATTACHED HERETO

WARRANTY OF THIS CONVEYANCE is subject to the following exceptions, to-wit:

1. Madison County, Mississippi ad valorem taxes for the current year which shall be paid

by the Grantee.

2. Madison County, Mississippi, Zoning and Subdivision Regulation Ordinances, as amended and any and all other applicable building restrictions, protective and restrictive covenants, rights of way, easements, and previous reservations, conveyances and/or leases of oil, gas and mineral rights and interests applicable to the above described property.

WITNESS MY SIGNATURE THIS the 23rd day of March, 2016.

OIL MILL GIN, LLC

By: *John C. Harreld*
John C. Harreld, Manager/ Member

STATE OF MISSISSIPPI
COUNTY OF MADISON

Personally appeared before me, the undersigned authority in and for the said county and state, on this 23rd day of March, 2016, within my jurisdiction, the within named John C. Harreld, who acknowledged that he is the Manager/ Member of Oil Mill Gin, LLC, and that in said representative capacity he executed the above and foregoing instrument, after first having been duly authorized so to do.

Melanie L. Vinson
NOTARY PUBLIC



EXHIBIT A

Description of property in the W 1/2 of Section 17, T10N, R5E, Madison County, Mississippi

Commencing at a 2" iron pipe used by the surveyor in the deed to Oil Mill Gin LLC in Book 2886 at Page 187 of the records of the Chancery Clerk of Madison County, Canton, Mississippi as being the NE corner of Section 17, T10N, R5E, Madison County, Mississippi, said 2" pipe being South 03 degrees 27 minutes 51 seconds East 112.87 feet from a 3/4" pipe judged by the timber cut lines as being the corner being observed as the common property corner; thence West 3648.18 feet to a point; thence South 2513.61 feet to an iron pin on the West or South Right-of-Way line of Hwy. 17 and the **Point of Beginning**; thence South 37 degrees 20 minutes 34 seconds East 277.62 feet, along said line, to a concrete Right-of-Way marker; thence South 08 degrees 29 minutes 17 seconds East 242.28 feet, along said line, to a concrete Right-of-Way marker on the North or West Right-of-Way line of Sulphur Springs Road; thence South 56 degrees 59 minutes 02 seconds West 160.33 feet, along said line, to a concrete Right-of-Way marker; thence South 44 degrees 34 minutes 04 seconds West, in the direction to a concrete Right-of-Way marker, 196.40 feet to an iron pin; thence North 37 degrees 20 minutes 34 seconds West 505.27 feet to an iron pin; thence North 52 degrees 38 minutes 45 seconds East 471.26 feet to an iron pin and the **Point of Beginning** containing 5.00 acres, more or less, in the W 1/2 of Section 17, T10N, R5E, Madison County, Mississippi.

DATE OF FIELD SURVEY: REFERENCE METERS: MADISON COUNTY COURTHOUSE RECORDS CLASS: D. PERFORMED LAND SURVEYOR NO. 15,02371 TO CLASS B. STANDARDS

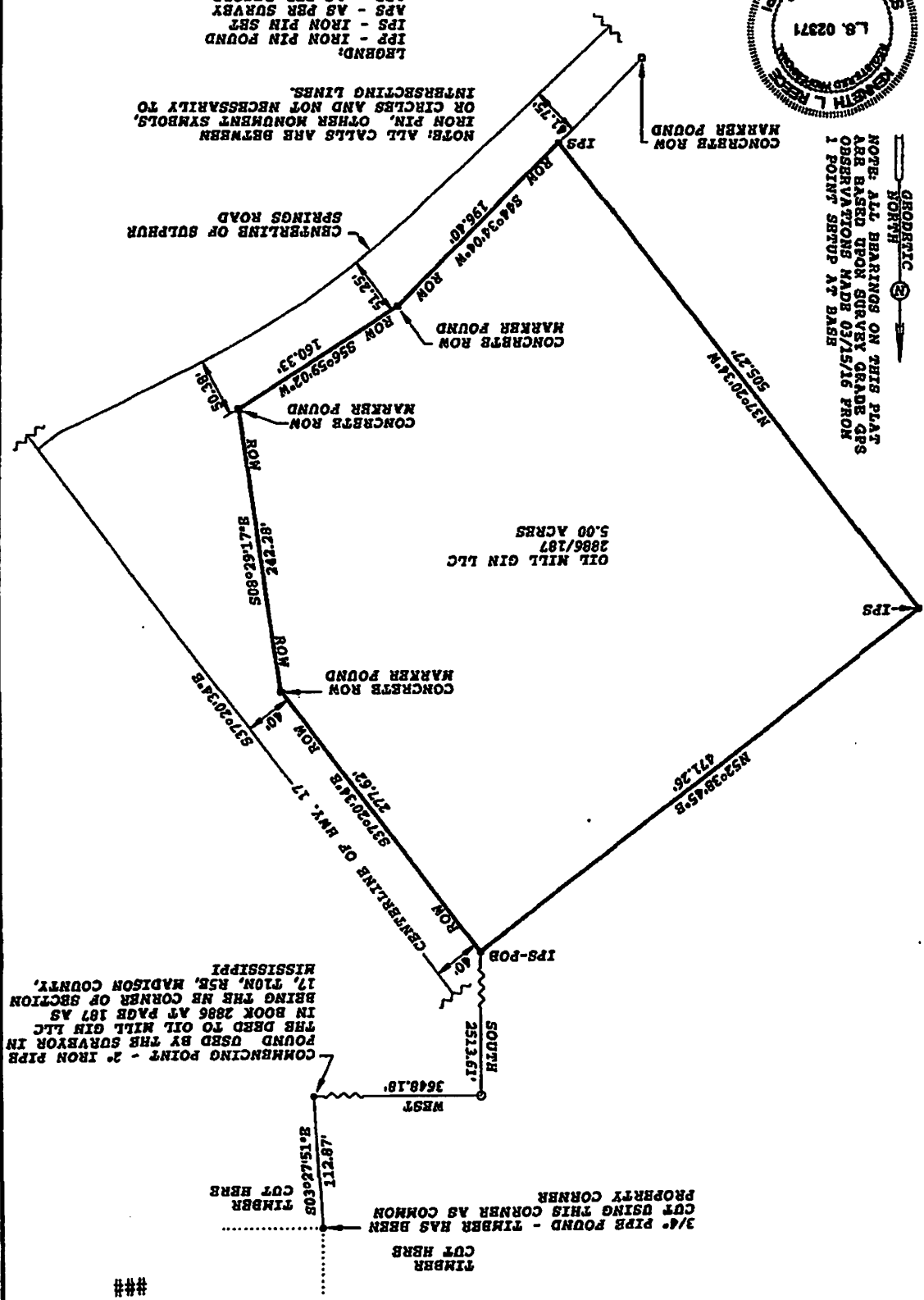
KENNETH L. HERRE TRS. 652-673-8881
EMAIL: LKHRRY306@BELL.SOUTH.NET
P.O. BOX 314, BENTON, MS. 39039
LAND SURVEYOR NO. 15,02371



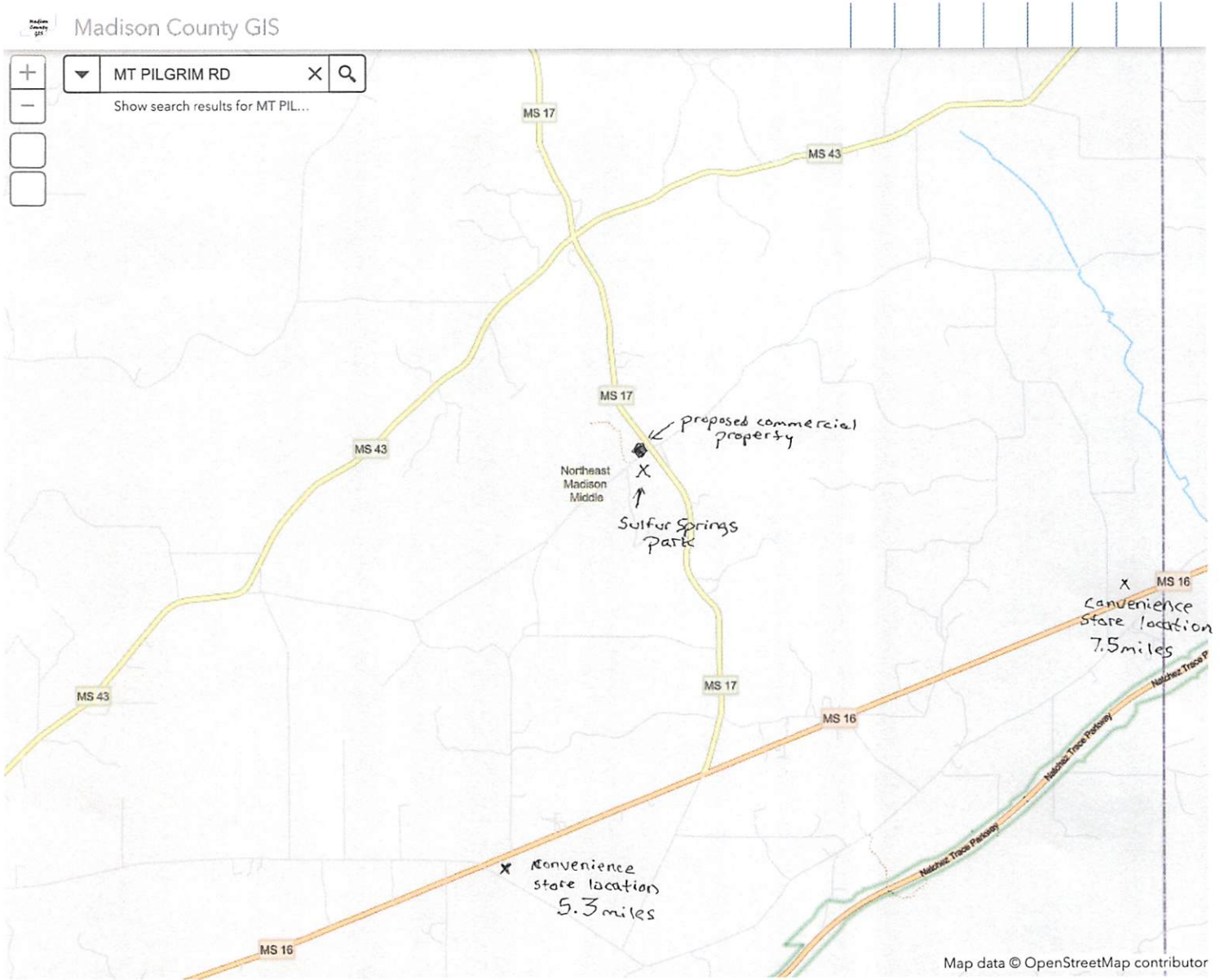
- LEGEND:
- IPF - IRON PIN FOUND
 - IPS - IRON PIN SET
 - AFS - AS PER SURVEY
 - AFR - AS PER RECORD
 - POB - POINT OF BEGINNING
 - - IRON PIN
 - ROW - RIGHT-OF-WAY
 - X- - FENCE

NOTE: ALL CALLS ARE BETWEEN IRON PIN, OTHER MONUMENT SYMBOLS, OR CIRCLES AND NOT NECESSARILY TO INTERSECTING LINES.

QUODERIGIC NORTH
NOTE: ALL BEARINGS ON THIS PLAT ARE BASED UPON SURVEY GRADE GPS OBSERVATIONS MADE 03/15/16 FROM 1 POINT SETUP AT BASE

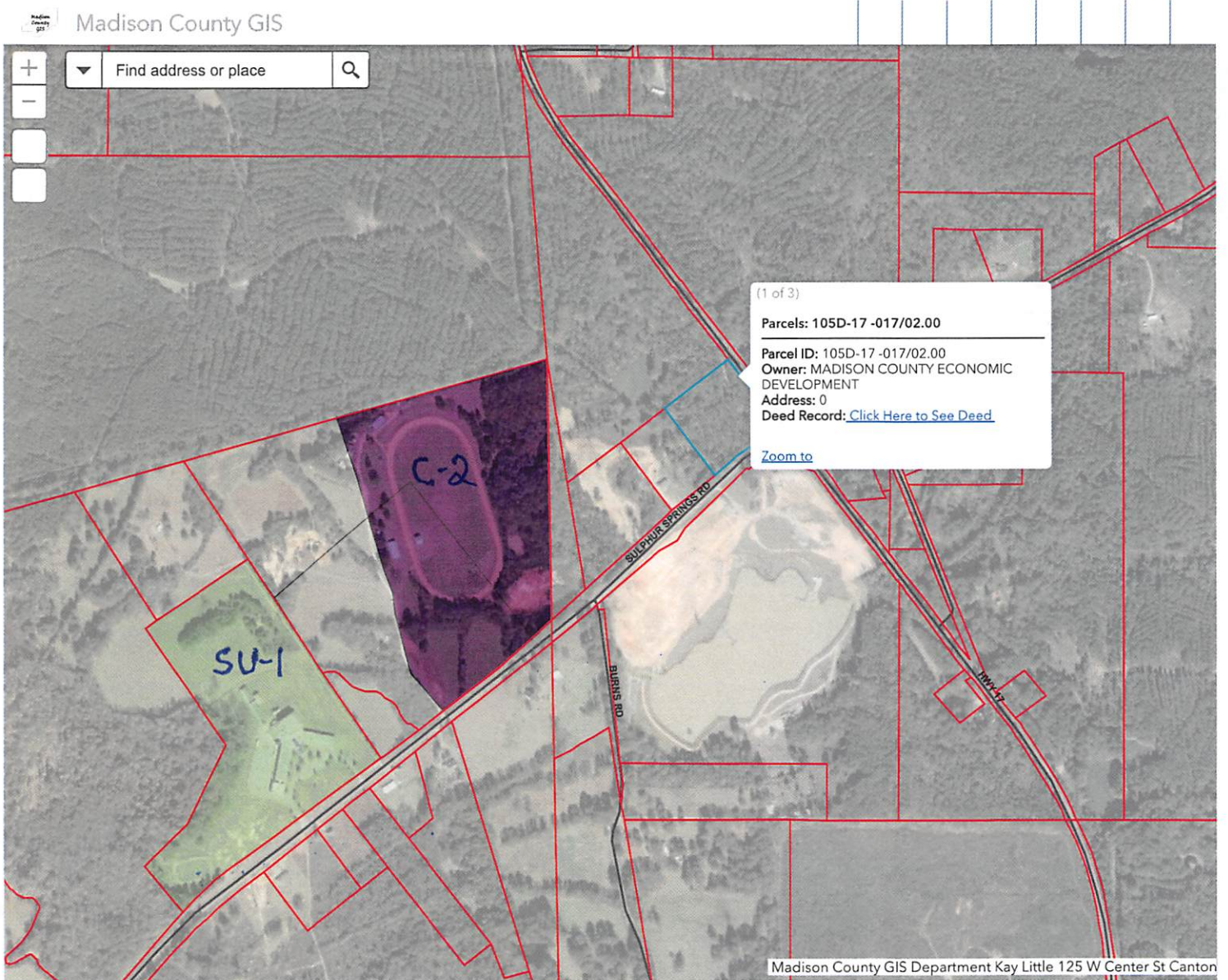


SURVEY OF PROPERTY IN THE W 1/2 OF SECTION 17, T10N, R5E, MADISON COUNTY, MISSISSIPPI. BOOK 3522 PAGE 709

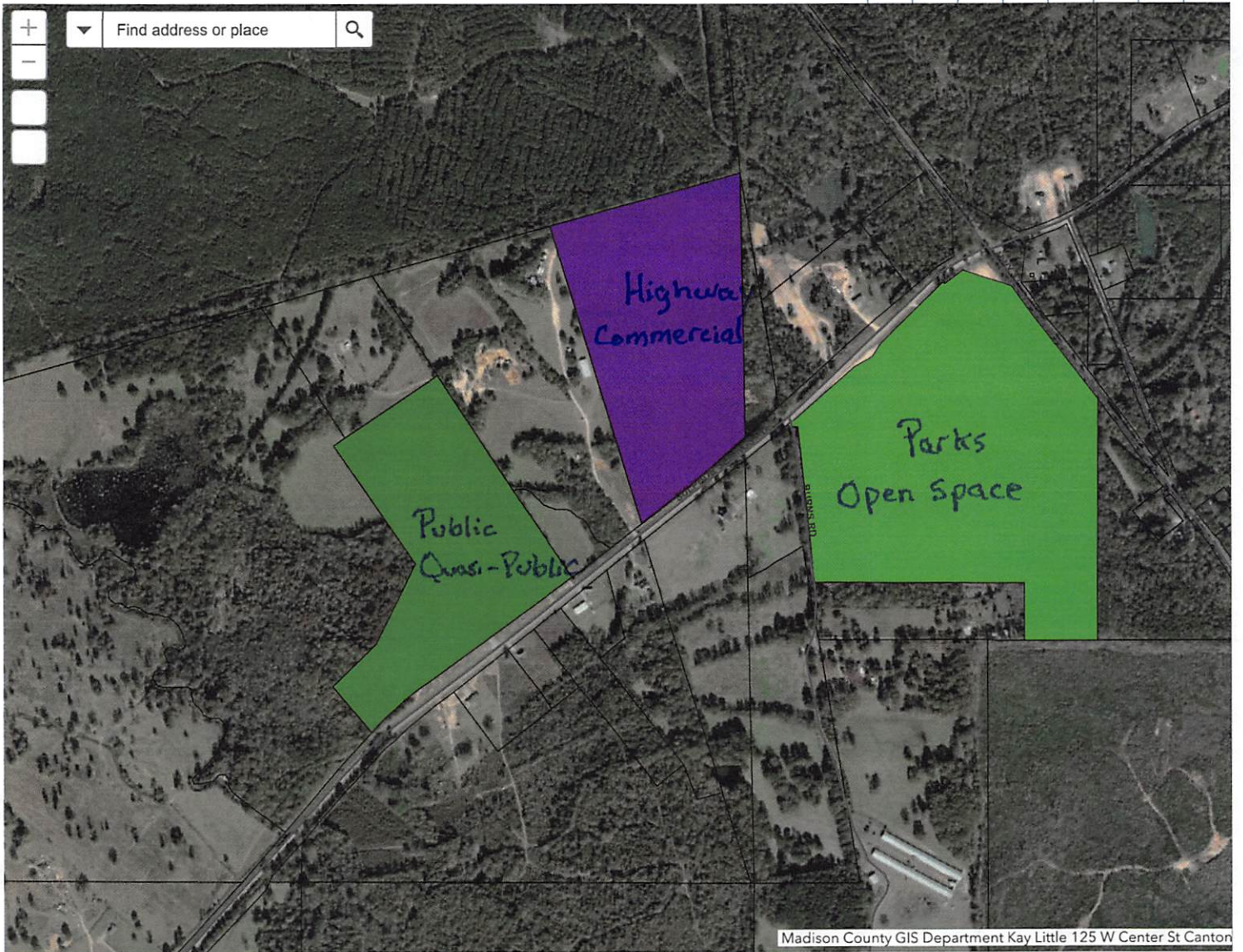


Map data © OpenStreetMap contributor

1mi
-89.787 32.707 Degrees



Zoning



Land Use Plan



970 Ebenezer Blvd.
Post Office Box 2249
Madison, MS 39130-2249

NE
05
05

Carolyn Jean Small
1,218 Hwy 17
Canton, MS 39046

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Certified Mail Fee \$ _____

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<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

Total Postage and Fees \$ _____

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Send To
Carolyn Jean Small
1,218 Hwy 17
Canton, MS 39046

PS Form 3800, April 2015 PSN 7530-02-000-9147 See Reverse for Instructions

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Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ _____

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1,218 Hwy 17
Canton, MS 39046

PS Form 3800, April 2015 PSN 7530-02-000-9147 See Reverse for Instructions

4762 9EES 0000 0490 0202

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. <p>1. Article Addressed to: Carolyn Jean Small 1,218 Hwy 17 Canton, MS 39046</p> <p>2. Article Number (Transfer from service label) 7020 0640 0000 5336 2914 (over \$500)</p>	<p>A. Signature X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>



970 Ebenezer Blvd.
 Post Office Box 2249
 Madison, MS 39130-2249

NE
 05

Carolyn Jean Small
 1,218 Hwy 17
 Canton, MS 39046

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS. HOLD AT DOTTED LINE.
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7020 0640 0000 5336 2914
 7020 0640 0000 5336 2914

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Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$	
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Sent To: Carolyn Jean Small
 Street and Apt. No., or PO Box No. 1218 Hwy 17
 City, State, ZIP+4® Canton, MS 39046

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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 ATTORNEYS, PLLC
 POST OFFICE BOX 2249
 MADISON MS 39130-2249**



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Tracking Number: 70200640000053362914

[Remove X](#)

Your item was delivered at 10:23 am on May 20, 2021 in MADISON, MS 39130.

Delivered

May 20, 2021 at 10:23 am
MADISON, MS 39130

Feedback

Get Updates

Text & Email Updates

Tracking History

May 20, 2021, 10:23 am

Delivered

MADISON, MS 39130

Your item was delivered at 10:23 am on May 20, 2021 in MADISON, MS 39130.

May 20, 2021, 8:48 am

Available for Pickup

MADISON, MS 39130

May 20, 2021, 8:47 am

Arrived at Post Office

MADISON, MS 39110

May 19, 2021
In Transit to Next Facility

May 18, 2021, 8:35 pm
Departed USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

May 12, 2021, 11:03 pm
Arrived at USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

Product Information



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FAQs



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 Madison, MS 39130-2249

Lamonica Johnson
 1,180 Highway 17
 Camden, MS 39045

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Certified Mail Fee \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ _____
 Total Postage and Fees \$ _____

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 Lamonica Johnson
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 1,180 Highway 17
 City, State, ZIP+4®
 Camden, MS 39045

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2062 9EE5 0000 0490 0202



7020 0640 0000 5336 2907
 7020 0640 0000 5336 2907

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 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____
 Postage \$ _____
 Total Postage and Fees \$ _____

Postmark Here

Sent To
 Lamonica Johnson
 Street and Apt. No., or PO Box No.
 1,180 Highway 17
 City, State, ZIP+4®
 Camden, MS 39045

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Lamonica Johnson 1,180 Highway 17 Camden, MS 39045</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7020 0640 0000 5336 2907</p>	<p>Restricted Delivery</p>

MCEDA



970 Ebenezer Blvd.
 Post Office Box 2249
 Madison, MS 39130-2249

Lamonica Johnson
 1,180 Highway 17
 Camden, MS 39045

PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
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 7020 0640 0000 5336 2907

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
 Here

Postage	\$
Total Postage and Fees	\$

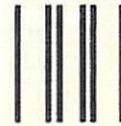
Sent To
 Lamonica Johnson
 Street and Apt. No., or P.O. Box No.
 1,180 Highway 17
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 MADISON MS 39130-2249

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Tracking Number: 70200640000053362907

Remove X

Your item was returned to the sender on May 29, 2021 at 8:11 am in MADISON, MS 39110 because the addressee moved and left no forwarding address.

Moved, Left no Address

May 29, 2021 at 8:11 am
MADISON, MS 39110

Feedback

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Tracking History



May 29, 2021, 8:11 am

Moved, Left no Address
MADISON, MS 39110

Your item was returned to the sender on May 29, 2021 at 8:11 am in MADISON, MS 39110 because the addressee moved and left no forwarding address.

May 28, 2021, 11:08 pm

Departed USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

May 19, 2021, 1:21 pm
No Such Number
CAMDEN, MS 39045

May 19, 2021, 7:29 am
Out for Delivery
CAMDEN, MS 39045

May 19, 2021, 7:18 am
Arrived at Post Office
CAMDEN, MS 39045

May 18, 2021
In Transit to Next Facility

May 12, 2021, 11:03 pm
Arrived at USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

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Product Information



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FAQs



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Madison, MS 39130-2249

NEOPOST

05/11/202

US POST



Leontyne Jones
229 Davis Family Road
Canton, MS 39046

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Sent To
Leontyne Jones
229 Davis Family Rd
Canton, MS 39046

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0982 9EES 0000 0490 0202

7020 0640 0000 5336 2860
7020 0640 0000 5336 2860

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Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To
Leontyne Jones
229 Davis Family Rd
Canton, MS 39046

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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. Article Addressed to:

Leontyne Jones
229 Davis Family Rd.
Canton, MS 39046



9590 9402 5946 0062 7531 31

2. Article Number (Transfer from service label)

7020 0640 0000 5336 2860

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

(over \$500)

MPEDA

Domestic Return Receipt



970 Ebenezer Blvd.
 Post Office Box 2249
 Madison, MS 39130-2249

NEOPOST
 05/11/202
 US POST



Leontyne Jones
 229 Davis Family Road
 Canton, MS 39046

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS FOLD TO DIVIDE MAIL
CERTIFIED MAIL



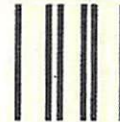
7020 0640 0000 5336 2860
 7020 0640 0000 5336 2860

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
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OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
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<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent to Leontyne Jones Street and Apt. No., or PO Box No. 229 Davis Family Rd City, State, ZIP+4® Canton, MS 39046	
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United States
 Postal Service

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 ATTORNEYS, PLLC
 POST OFFICE BOX 2249
 MADISON MS 39130-2249



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Your item could not be delivered on June 5, 2021 at 1:14 pm in CANTON, MS 39046. It was held for the required number of days and is being returned to the sender.

Unclaimed/Being Returned to Sender

June 5, 2021 at 1:14 pm
CANTON, MS 39046

Feedback

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Tracking History



June 5, 2021, 1:14 pm
Unclaimed/Being Returned to Sender
CANTON, MS 39046

Your item could not be delivered on June 5, 2021 at 1:14 pm in CANTON, MS 39046. It was held for the required number of days and is being returned to the sender.

Reminder to Schedule Redelivery of your item

May 14, 2021, 10:44 am
Notice Left (No Authorized Recipient Available)

CANTON, MS 39046

May 14, 2021, 1:30 am
Departed USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

May 13, 2021
In Transit to Next Facility

May 12, 2021, 11:03 pm
Arrived at USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

Product Information



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Madison, MS 39130-2249

NEOPOST
05/11/2021
US POSTAGE



Mary Ann Blackmon
850 Sulphur Springs Road
Canton, MS 39046

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OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$

Postmark Here

Sent To: Mary Ann Blackmon
Street and Apt. No., or PO Box No. 850 Sulphur Springs Rd.
City, State, ZIP+4® Canton, MS 39046

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 0640 0000 5336 2853
7020 0640 0000 5336 2853

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$

Postmark Here

Sent To: Mary Ann Blackmon
Street and Apt. No., or PO Box No. 850 Sulphur Springs Rd.
City, State, ZIP+4® Canton, MS 39046

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

5992 9EE5 0000 0490 0202

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. Article Addressed to:
Mary Ann Blackmon
850 Sulphur Springs Rd.
Canton, MS 39046

2. Article Number (Transfer from service label)
7020 0640 0000 5336 2853

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
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

4. Barcode: 9590 9402 5946 0062 7531 48

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

PS Form 3811, July 2015 PSN 7530-02-000-9053 **MCEDA** Domestic Return Receipt



970 Ebenezer Blvd.
 Post Office Box 2249
 Madison, MS 39130-2249

NEOPOST
 05/11/2021
 US POSTAGE



Mary Ann Blackmon
 850 Sulphur Springs Road
 Canton, MS 39046

PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



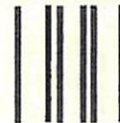
7020 0640 0000 5336 2853
 7020 0640 0000 5336 2853

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ™	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Mary Ann Blackmon Street and Apt. No., or P.O. Box No. 850 Sulphur Springs Rd. City, State, ZIP+4® Canton, MS 39046	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

USPS TRACKING#



9590 9402 5946 0062 7531 48



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*

JERNIGAN COPELAND
 ATTORNEYS, PLLC
 POST OFFICE BOX 2249
 MADISON MS 39130-2249



[FAQs >](#)

Track Another Package +

Tracking Number: 70200640000053362853

[Remove X](#)

Your item was returned to the sender on May 29, 2021 at 8:11 am in MADISON, MS 39110 because the addressee moved and left no forwarding address.

Moved, Left no Address

May 29, 2021 at 8:11 am
MADISON, MS 39110

Feedback

Get Updates

Text & Email Updates

Tracking History

May 29, 2021, 8:11 am
Moved, Left no Address
MADISON, MS 39110

Your item was returned to the sender on May 29, 2021 at 8:11 am in MADISON, MS 39110 because the addressee moved and left no forwarding address.

May 28, 2021
In Transit to Next Facility

May 24, 2021, 9:48 pm
Departed USPS Facility

TAMPA, FL 33630

May 22, 2021, 8:49 pm
Arrived at USPS Facility
TAMPA, FL 33630

May 14, 2021, 2:10 am
Departed USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

May 12, 2021, 11:03 pm
Arrived at USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

Product Information



See Less ^

Feedback

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs



970 Ebenezer Blvd.
Post Office Box 2249
Madison, MS 39130-2249

CERTIFIED MAIL®



7020 0640 0000 5336 2884

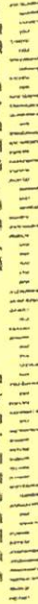
Mary Ann Blackmon
4787 Hwy 43 North
Camden, MS 39045

NSN
39130-2249
39045-5730 R011

392 DE 1 0005/23/21

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

EC: 39130224949 *1766-01949-12-48



17-040

NEOPOST FIRST-CLASS MAIL

05/11/2021

US POSTAGE \$006.96



ZIP 39157
041M10272250

NSN



531 17

Please print your name, address, and ZIP+4® in this box*

JERNIGAN COPELAND
ATTORNEYS, PLLC
POST OFFICE BOX 2249
MADISON MS 39130-2249

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



7020 0640 0000 5336 2884
7020 0640 0000 5336 2884

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark
Here

Rec'd by
Mary Ann Blackmon
Street and Apt. No., or PO Box No.
4787 Hwy 43 North
City, State, ZIP+4®
Camden, MS 39045
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



970 Ebenezer Blvd.
Post Office Box 2249
Madison, MS 39130-2249

Mary Ann Blackmon
4787 Hwy 43 North
Camden, MS 39045

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark Here

See Reverse for Instructions



7020 0640 0000 5336 2884
7020 0640 0000 5336 2884

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fees as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark Here

See Reverse for Instructions

PS Form 3800, April 2015 PSN 7530-02-000-9017

Mary Ann Blackmon
4787 Hwy 43 North
Camden, MS 39045

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. Article Addressed to:
Mary Ann Blackmon
4787 Hwy 43 North
Camden, MS 39045



9590 9402 5946 0062 7531 17

2. Article Number (Transfer from service label)
7020 0640 0000 5336 2884

3. Service Type
- Priority Mail Express[®]
 - Registered Mail[™]
 - Registered Mail Restricted Delivery
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail[™]
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail
 - Collect on Delivery Restricted Delivery

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

A. Signature _____

B. Received by (Printed Name) _____

C. Date of Delivery _____

Addressee

Agent

COMPLETE THIS SECTION ON DELIVERY



970 Ebenezer Blvd.

NEOP
05/11
USP



17-040

NEOPOST FIRST-CLASS MAIL

05/11/2021

US POSTAGE \$006.96

ZIP 39157
041M10272250



CERTIFIED MAIL



7020 0640 0000 5336 2884

Mary Ann Blackmon
4787 Hwy 43 North
Camden, MS 39045

NSN

392 DE 1 0003/23/21

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 39130224949 *1766-01949-12-45

NSN

391302249
390459730 R011

Mary Ann Blackmon
4787 Hwy 43 North
Camden, MS 39045

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage \$
Total Postage and Fees \$

7020 0640 0000 5336 2884
7020 0640 0000 5336 2884
To
Mary Ann Blackmon
Street and Apt. No., or PO Box No.
4787 Hwy 43 North
City, State, ZIP+4®
Camden MS 39045

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

JERNIGAN
COPELAND
ATTORNEYS PLLC

970 Ebenezer Blvd.
Post Office Box 2249
Madison, MS 39130-2249

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

531 17

Please print your name, address, and ZIP+4® in this box*

JERNIGAN COPELAND
ATTORNEYS, PLLC
POST OFFICE BOX 2249
MADISON MS 39130-2249

970 Ebenezer Blvd.
Post Office Box 2249
Madison, MS 39130-2249

NEOP
05/11
USP



Mary Ann Blackmon
4787 Hwy 43 North
Camden, MS 39045

**U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com[®]

OFFICIAL USE

Postmark Here

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Special Agent
Mary Ann Blackmon
4787 Hwy 43 North
Camden MS 39045
City, State, ZIP+4[®]

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7020 0640 0000 5336 2884
7020 0640 0000 5336 2884

**U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com[®]

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Special Agent
Mary Ann Blackmon
4787 Hwy 43 North
Camden, MS 39045
City, State, ZIP+4[®]

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

4882 9EE5 0000 0490 0202

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. Article Addressed to:
Mary Ann Blackmon
4787 Hwy. 43 North
Camden, MS 39045

2. Article Number (Transfer from service label)
7020 0640 0000 5336 2884

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail[®]
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail
 Mail Restricted Delivery (over 3000)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

3. Service Type
 Priority Mail Express[®]
 Registered MailTM
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature ConfirmationTM
 Signature Confirmation Restricted Delivery

9590 9402 5946 0062 7531 17

MCEDA

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053



970 Ebenezer Blvd.
Post Office Box 2249
Madison, MS 39130-2249



Oil Mill Ginn, LLC
c/o John Harreld
3092 South Liberty Sreet
P.O. Box 160
Madison, MS 39130

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent to
Oil Mill Ginn, LLC
c/o John Harreld
P.O. Box 160
Madison, MS 39130

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instruction

7020 0640 0000 5336 2877
7020 0640 0000 5336 2877

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *John C. Harreld* Agent Addressee

B. Received by (Printed Name) Date of Delivery

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

John C. Harreld

3. Service Type

<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Certified Mail®	
<input type="checkbox"/> Certified Mail Restricted Delivery	
<input type="checkbox"/> Collect on Delivery	
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Restricted Delivery	

Domestic Return Receipt



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. Article Addressed to:
Oil Mill Ginn, LLC
c/o John Harreld
P.O. Box 160
Madison, MS 39130



9590 9402 5946 0062 7531 24

2. Article Number (Transfer from service label)
7020 0640 0000 5336 2877

SECTION

on the reverse
rd to you.
of the mailpiece,
its.

39130



2. Article Number (Transfer from service label)
7020 0640 0000 5336 2877

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Restricted Delivery	

MCEDA



970 Ebenezer Blvd.
 Post Office Box 2249
 Madison, MS 39130-2249



Oil Mill Ginn, LLC
 c/o John Harreld
 3092 South Liberty Sreet
 P.O. Box 160
 Madison, MS 39130

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL



7020 0640 0000 5336 2877
 7020 0640 0000 5336 2877

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

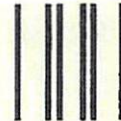
Sent To: Oil Mill Ginn, LLC
 c/o John Harreld
 P.O. Box 160
 Madison MS 39130

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS TRACKING #



9590 9402 5946 0062 7531 24



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•

**JERNIGAN COPELAND
 ATTORNEYS, PLLC
 POST OFFICE BOX 2249
 MADISON MS 39130-2249**



970 Ebenezer Blvd.
 Post Office Box 2249
 Madison, MS 39130-2249



Paul Griffin
 P.O. Box 404
 Canton, MS 39046

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Postmark Here

Sent to Paul Griffin
 Street and Apt. No., or PO Box No.
 P.O. Box 404
 City, State, ZIP+4®
 Canton, MS 39046

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CERTIFIED MAIL®



7020 0640 0000 5336 2921
 7020 0640 0000 5336 2921

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent to Paul Griffin
 Street and Apt. No., or PO Box No.
 P.O. Box 404
 City, State, ZIP+4®
 Canton, MS 39046

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7262 9EES 0000 0490 0202

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Paul Griffin P.O. Box 404 Canton, MS 39046</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>9590 9402 5946 0062 7530 63</p> <p>7020 0640 0000 5336 2921</p>	<p>MCEDA</p>



970 Ebenezer Blvd.
 Post Office Box 2249
 Madison, MS 39130-2249



Paul Griffin
 P.O. Box 404
 Canton, MS 39046

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7020 0640 0000 5336 292J
 7020 0640 0000 5336 292J

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Paul Griffin <i>Street and Apt. No., or PO Box No.</i> P.O. Box 404 <i>City, State, ZIP+4®</i> CANTON, MS 39046	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

USPS TRACKING#



9590 9402 5946 0062 7530 63



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•

**JERNIGAN COPELAND
 ATTORNEYS, PLLC
 POST OFFICE BOX 2249
 MADISON MS 39130-2249**

Track Another Package +

Tracking Number: 70200640000053362921

[Remove X](#)

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

In Transit to Next Facility

May 18, 2021

Feedback

Text & Email Updates



Tracking History



May 18, 2021

In Transit to Next Facility

Your package is moving within the USPS network and is on track to be delivered to its final destination. It is currently in transit to the next facility.

May 14, 2021, 1:00 am

Departed USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

May 12, 2021, 11:03 pm

Arrived at USPS Regional Facility
JACKSON MS DISTRIBUTION CENTER

Product Information



See Less ^

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs

Feedback



970 Ebenezer Blvd.
 Post Office Box 2249
 Madison, MS 39130-2249

Potlatch Forest Holdings, Inc.
 601 West First Avenue, Suite 1600
 Spokane, WA 99201

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7020 0640 0000 5336 2891
 7020 0640 0000 5336 2891

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

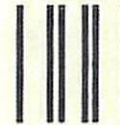
Sent To: Potlatch Forest Holdings, Inc.
 Street and Apt. No., or P.O. Box No.: 601 W. First Ave, Suite 1600
 City, State, ZIP+4: Spokane WA 99201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

USPS TRACKING#



9590 9402 5946 0062 7531 00



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*

JERNIGAN COPELAND
 ATTORNEYS, PLLC
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