

April 3, 2020



Chief, Environmental Permits Division
MS Dept. of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

**Underground Storage Tank
Groundwater Remediation
Notice of Intent (USTNOI)
Donnie's Deli & Grocery #2
6005 Tulane Rd.
Horn Lake, MS
MDEQ #10560**

On behalf of Donnie's Deli & Grocery #2, SEMS, Inc. is submitting the enclosed Underground Storage Tank, Groundwater Remediation, Notice of Intent (USTNOI) for the above-referenced site.

Should you require additional information, please contact me at 901-381-5225.

Sincerely,
SEMS, Inc.



Steve Murphy, P.G. #MS0138
Geologist/Project Manager

cc: Ms. Charka Fair (MDEQ UST Division)

THE APPLICANT IS ☒ OWNER ☒ OPERATOR (please check one or both)

OWNER INFORMATION

Owner Contact Name: Mr. Adel Hanshali Position: Owner
Owner Company Name: Donnie's Deli
Owner Street (P.O. Box): 6005 Tulane Rd.
Owner City: Horn Lake State: MS Zip: 38637
Owner Phone Number (include area code): (601) 888-5599

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _____ Position: _____
Operator Company Name: _____
Operator Street (P.O. Box): _____
Operator City: _____ State: _____ Zip: _____
Operator Phone Number (include area code): _____

PROJECT INFORMATION

Project Name: Donnie's Deli
Mississippi Groundwater Protection Trust Fund ID No. (if applicable): 10560
Physical Site Address (if not available indicate the nearest named road):
Street: 6005 Tulane Rd. City: Horn Lake
County: DeSoto Zip: 38637
Latitude: 34 degrees 56 minutes 54 seconds Longitude: 90 degrees 02 minutes 36 seconds
Method Used to Determine Lat. & Long. (GPS (Please GPS Facility Entrance) or Map Interpolation): Google Earth

WASTEWATER DISCHARGE INFORMATION

Where is the suspected groundwater proposed to be discharged? ☐ State Water ☒ POTW/Collection System

Name of Natural Receiving Stream: Cow Pen Creek

Name of POTW: City of Horn Lake

POTW contact, title and telephone number: Mr. Steven Roxy - Assistant Public Works Director - (662) 342-7059

Name of Wastewater Collection Authority (if different from POTW): _____

Wastewater Collection Authority contact, title and telephone number: _____

Proposed rate of flow (gallons/day): 7,500

Describe type of treatment: Dual-Phase Vacuum Extraction With Aeration.

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

* Steve Roxy
Signature (Must be signed by operator when different from owner)

* 3-16-20
Date Signed

* Alvin Hester
Printed Name

pres
Title

* This application shall be signed according to the General Permit, ACTS, T-7 as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

USDOH forms must be submitted to:

Chief, Environmental Permit Division
MS Dept of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: April 6, 2011

WASTEWATER DISCHARGE INFORMATION

Where is the remediated groundwater proposed to be discharged? ☐ State Waters ☒ POTW/Collection System

Name of Nearest Receiving Stream: Cow Pen Creek

Name of POTW: City of Horn Lake

POTW contact, title and telephone number: _____

Mr. Steven Boxx - Assistant Public Works Director - (662) 342-7099

Name of Wastewater Collection Authority (if different from POTW): _____

Wastewater Collection Authority contact, title and telephone number: _____

Proposed rate of flow (gallons/day): 7,500

Describe type of treatment: Dual-Phase Vacuum Extraction With Aeration.

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*
X
Signature¹ (Must be signed by operator when different than owner)

*
Date Signed

Printed Name¹

Title

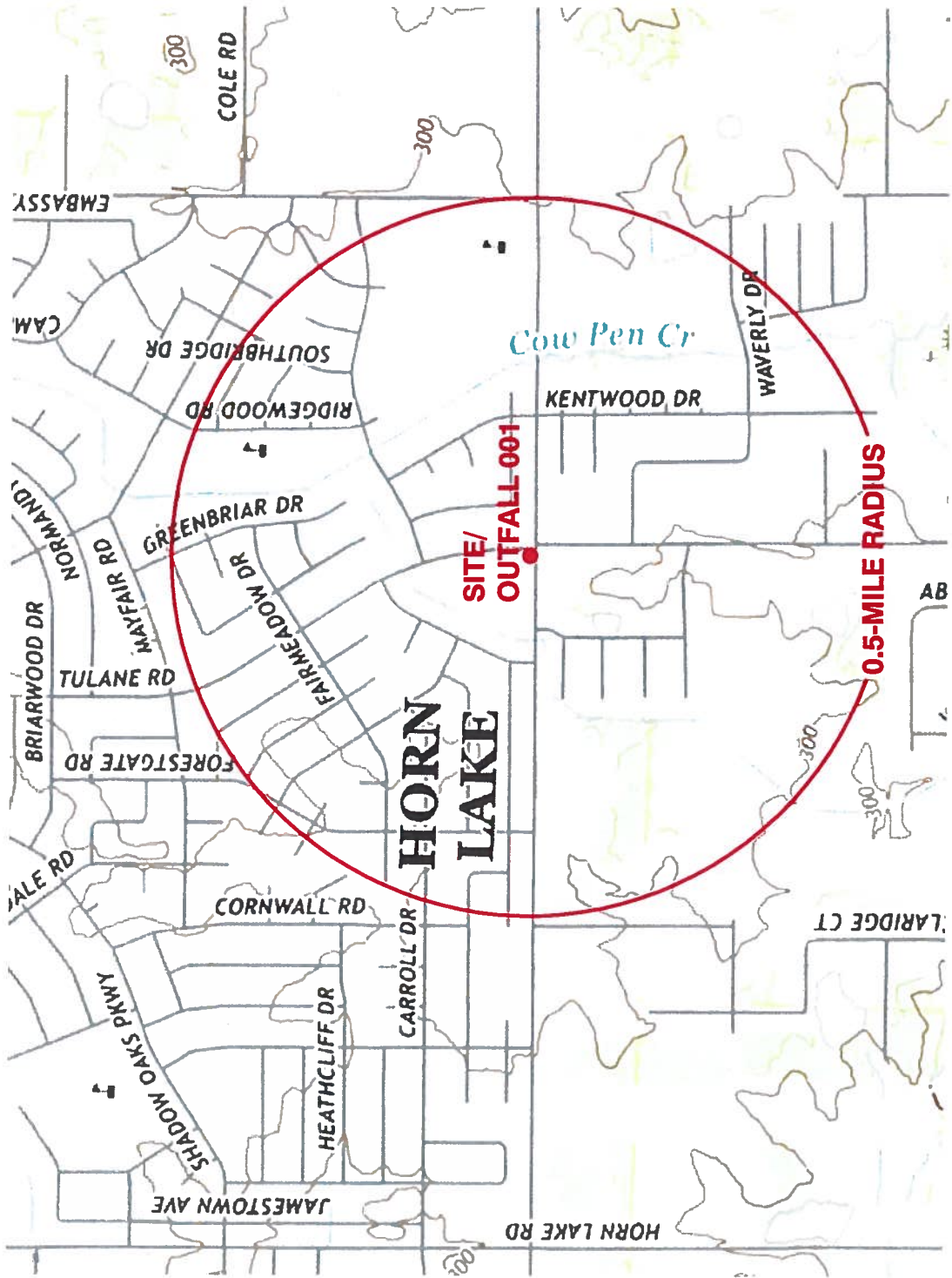
¹This application shall be signed according to the General Permit, ACT9, T-7 as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

USTNOI forms must be submitted to:

Chief, Environmental Permits Division
MS Dept of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: April 6, 2011



Source:
Horn Lake Quadrangle
Mississippi - Tennessee
7.5' Series



FIGURE 1
0.5-MILE RADIUS
QUADRANGLE MAP

DONNIE'S DELI
6005 TULANE RD.
HORN LAKE, MS
MDEQ #10560



POTW AND WASTEWATER COLLECTION AUTHORITY NOTIFICATION AND APPROVAL FORM



INSTRUCTIONS

The Mississippi Department of Environmental Quality (MDEQ) must receive approval from the local POTW and Wastewater Collection Authority (if different entities) in order for the applicant to obtain coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit (see permit ACT4, S-6). Once both sections of the form have been completed, it shall be submitted to the address below. Coverage is required prior to discharging remediated groundwater to a POTW or Wastewater Collection Authority. If you have any questions, please contact the Service and Miscellaneous Industries Branch at 601/961-5171.

APPLICANT (please print or type)

Donnie's Deli - Mr. Adel Hanshali [name of applicant] is applying for coverage under Mississippi's Underground Storage Tank Groundwater Remediation General Permit (copy attached). Remediated groundwater, associated with a leaking underground petroleum storage tank, is proposed to be discharged from a site located at 6005 Tulane Rd. - Horn Lake (DeSoto County), MS 38637

[complete address with county]. Approximately 7,500 [gallons per day] of treated groundwater will be discharged to the City of Horn Lake POTW [name of local POTW or Wastewater Collection Authority]. The treated groundwater will be discharged in accordance with the conditions, requirements and limitations of Mississippi's Underground Storage Tank Groundwater Remediation General Permit.

POTW and WASTEWATER COLLECTION AUTHORITY APPROVAL

I certify that I am a duly authorized representative of this POTW (or Collection Authority) and directly responsible for managing daily operations. I am familiar with the requirements of the above referenced General Permit and acknowledge that, by signing this form, I am providing MDEQ with written approval of this proposed discharge to our treatment works.

Gary McElhannon
POTW Authorized Signature

Gary McElhannon
Printed Name

Public Works Director
Title

4-2-2020
Date Signed

662-342-4505
Daytime Telephone

Steven Boxx
Collection Authority Authorized Signature

Steven Boxx
Printed Name

Assistant Public Works Director
Title

4-2-2020
Date Signed

662-342-4505
Daytime Telephone

This form shall be submitted to:

Chief, Environmental Permits Division
MS Dept of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

Revised: April 6, 2011

02-0196100

Waste Water Discharge - Ground Water
Treatment System

Horn Lake Utility Customer Service

Official City Use Only Water/Sewer/Sanitation Work Order #:

Set Up 4 Route 02 Account 191100 Lot _____ Container # _____Beginning Reading: _____ Service Charge \$ 10.00 Deposit \$ 125.00 Total \$ 135.00

Horn Lake Utility Customer Service Information

Homeowner Name: Murphy Stephen J. (SEMS, Inc.)
Last First MiddleBilling Address: 1683 N. Shelby Oaks Dr. #1 - Memphis, TN 38134
Street Address City State Zip CodeService Address: 6005 Tulane Rd. Horn Lake, MS 38637
Street Address City State Zip CodeHomeowner's Telephone #: 901-381-5225 Federal ID Social Security #: 72-1224185Place of Employment: SEMS, Inc.Address/Telephone #: 1683 N. Shelby Oaks Dr. #1 - Memphis, TN 38134Rental Property ☒ Yes ☐ NoIf Rental, Renters Name: SEMS, Inc. Telephone #: 901-381-5225

Please notify us of a change of Renters.

I Hereby certify that the above information is true and fully agree to pay all charges and abide by the rules of the Horn Lake Utility System and to assume all responsibility for any damage to the meter, meter box and lid.

Homeowner's Signature: Stephen Murphy

Sanitation Container Agreement/Contract

This agreement is hereby made and entered into by and between the City of Horn Lake, Mississippi and the property owner of the above address: The City of Horn Lake shall furnish a sanitation container to each property owner, subject to the following terms and conditions. The City of Horn Lake shall be the sole owner of the container.

1. The property owner shall be responsible for replacement of the container should they become destroyed or stolen, due to neglect, at the replacement cost.
If a container must be replaced more than once per year, per property owner a penalty shall be assessed in addition to the replacement cost. The City will hold the homeowner responsible for the replacement cost of the container.
2. Garbage Pick Up Day is _____. The Container is to be placed within five (5) feet of the curb and driveway. The Sanitation Laborers will not be allowed to proceed onto residential property more than ten (10) feet from the curb.
3. A fine will be assessed for containers remaining in the front yard for over a 24 hour period.
4. Containers shall be used for household garbage only.
5. Containers are not to be removed from the above address for any reason. If there is additional garbage, it must be placed in bags and placed on top of or beside the container. Barrels or cans will not be picked up.
6. Back yard pick up will be furnished for the physically handicapped or disabled. Please call City Hall for this service.

Deposits will be applied to your final bill.

Not Applicable.

Will Not Generate S-lid Waste
Water Discharge OnlyDated this the 1st day of April, 2020.Accepted By: DR

Homeowner's Signature _____



**CONTIGUOUS LANDOWNER NOTIFICATION OF
CORRECTIVE ACTION AND SUBSEQUENT DISCHARGE
OF TREATED GROUNDWATER DUE TO LEAKING
UNDERGROUND STORAGE TANK(S)**
(see ACT4, S-7 of the USTGP)



Underground storage tanks located at Donnie's Deli
6005 Tulane Rd. - Horn Lake (DeSoto County), MS 38637 [street address with city and county]
have been determined to have released motor fuel. In order to protect the environment and public health, a
cleanup process must be started. The cleanup involves bringing a trailer contained groundwater treatment
system to the site, pumping out the contaminated groundwater, treating it and discharging the treated water
into the city wastewater sewer to be further treated or, in rare cases, to State waters. The recovered fuel is
disposed at an offsite permitted facility. The time a unit is on site averages approximately three years.

Donnie's Deli - Mr. Adel Hanshali [applicant's name]
6005 Tulane Rd. - Horn Lake (DeSoto County), MS 38637 [address]
(601) 888-5599 [phone number] is proposing to begin the cleanup process and discharge treated
groundwater to the City of Horn Lake, wastewater treatment system [name of
receiving stream or Publicly Owned Treatment Works or Wastewater Collection Authority]. This
notification is to provide you with an opportunity to comment to the Mississippi Department of
Environmental Quality Permit Board before the Board makes a final decision regarding the matter. No
discharge of treated groundwater will occur unless the Board grants coverage of this activity under the
General Permit for Underground Storage Tank Groundwater Remediation. This notice has been sent to you
by Certified Mail - Return Receipt Requested. If you have no comments regarding this proposed facility, no
response is necessary and the permitting process will continue. If you have any comments, they must be
received by the Mississippi Department of Environmental Quality within 10 days of receipt of this
correspondence. **The Department of Environmental Quality is limited in its review of this project to
those environmental issues in which statutory authority has been given.** If you have any questions you
may contact the Service and Miscellaneous Branch of MDEQ at (601) 961-5171. Any comments relative to
zoning or economic and social impacts are within the jurisdiction of local zoning and planning authorities
and should be addressed to those authorities. Comments are to be mailed to the following address:

Chief, Environmental Permits Division
MS Department of Environmental Quality, Office of Pollution Control
P. O. Box 2261
Jackson, Mississippi 39225

Revised: April 6, 2011

Real Property Land Information Display

<table border="1"> <tr> <td>PARCEL#:</td> <td>Twn</td> <td>Rng</td> <td>Area</td> <td>Sct</td> <td>Sub</td> <td>Qtr</td> <td>Lot#</td> <td>Split</td> </tr> <tr> <td>1</td> <td>08</td> <td>8</td> <td>33</td> <td>00</td> <td>0</td> <td>00010</td> <td>00</td> <td></td> </tr> </table>								PARCEL#:	Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split	1	08	8	33	00	0	00010	00		TAX DISTRICT: 4200 LOT SIZE:		Click For Tax Map PDF Click for GIS Map			Display Tax Receipt Data Search Land Records		Tax Calculator	
PARCEL#:	Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split																										
1	08	8	33	00	0	00010	00																											

LANDOWNER INFO:		MS EXTENDED CARE CENTERS INC
		763 AVERY BLVD N
		P O BOX 6015
		RIDGELAND MS
		39158-6015

LEGAL DESCRIPTION:	33-1-8 PT SE1/4
	HORN LAKE INC

DRAINAGE			
CODE:	HL		
BENEFIT:	390.00	.00	.00
SUPV. DIST.:	4		

DEEDS	BOOK:	PAGE:	DATE:
	380	484	9/29/00
			0/00/00
			0/00/00

APPRAISED LAND VALUE:	111,600
APPRAISED IMP. VALUE:	1,825,453
APPRAISED TOTAL VALUE:	1,937,053
ASSESSED TOTAL VALUE:	290,558

PROPERTY LOCATION:	3068 NAIL RD
	HORN LAKE

DEEDED ACRES:	7.44
CALC. ACRES:	7.44

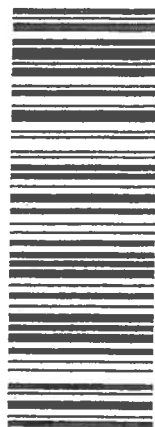
SECTION:	33
TOWNSHIP:	01
RANGE:	08

Improvements

Imp#	Building Type	Construction	Base Area	Adj. Area	Yr. Built
1	NURSING HOME	BRICK VENEER	22,024	22,484	2001
2	ASPHALT	BRICK VENEER	10,000	10,000	2001
3	CONCRETE	BRICK VENEER	850	850	2001
4	WOOD FLOOR	BRICK VENEER	240	240	2010
5	COMMERCIAL	BRICK & MASONRY	4,926	5,085	2015
6	ASPHALT GOOD	BRICK & MASONRY	10,000	10,000	2015

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

CERTIFIED MAIL®



7014 2120 0004 2676 9337
7014 2120 0004 2676 9337

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

3/16/20
Postmark
Here
45m

Sent To MS Extended Care Centers
Street & Apt. No., PO Box 6015
or PO Box No.
City, State, ZIP+4 Ridgeland MS

PS Form 3800, July 2014

See Reverse for Instructions

7307523

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:

MS Extended Care Centers Inc.
PO Box 6015
Ridgeland, MS 39158



9590 9401 0073 5168 0752 30

2. Article Number (Transfer from service label)

7014 2120 0004 2676 9337

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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

MS Extended Care Centers Inc
PO Box 6015
Ridgeland, ms 39158



9590 9401 0073 5168 0752 30

2. Article Number (Transfer from service label)

7014 2120 0004 2676 9337

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Warren Bick*☐ Agent
☐ Addressee

B. Received by (Printed Name)

Warren Bick

C. Date of Delivery

23

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

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
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Real Property Land Information Display

<table border="1"> <tr> <td>Twn</td><td>Rng</td><td>Area</td><td>Sct</td><td>Sub</td><td>Qtr</td><td>Lot#</td><td>Split</td></tr> <tr> <td>2</td><td>08</td><td>2</td><td>04</td><td>00</td><td>0</td><td>00003</td><td>02</td></tr> </table>								Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split	2	08	2	04	00	0	00003	02	TAX DISTRICT: 4200		Click For Tax Map PDF		Display Tax Receipt Data		Tax Calculator	
Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split																								
2	08	2	04	00	0	00003	02																								
PARCEL#:								LOT SIZE:		Click for GIS Map		Search Land Records																			

LANDOWNER INFO:	SCOTT RANDALL ETUX
	SCOTT ANGIE
	3055 NAIL RD
	HORN LAKE MS
	38637-0000

LEGAL DESCRIPTION:	ERNEST SCOTT S-D
	LOT 2

DRAINAGE			
CODE:	HL		
BENEFIT:	300.00	.00	.00
SUPV. DIST.:	4		

DEEDS	BOOK:	PAGE:	DATE:
	185	141	1/01/86
			0/00/00
			0/00/00

APPRAISED LAND VALUE:	15,000
APPRAISED IMP. VALUE:	92,892
APPRAISED TOTAL VALUE:	107,892
ASSESSED TOTAL VALUE:	10,789

PROPERTY LOCATION:	3055 NAIL RD
	HORN LAKE

DEEDED ACRES:	1.50
CALC. ACRES:	1.50

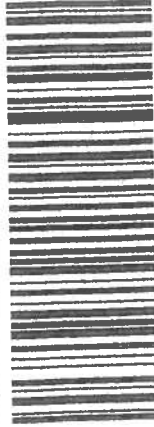
SECTION:	04
TOWNSHIP:	02
RANGE:	08

Improvements

Imp#	Building Type	Construction	Base Area	Adj. Area	Yr. Built
1	RESIDENTIAL	BRICK VENEER	1,644	1,919	1983
2	SHED COM SHMTL	BRICK VENEER	1,440	1,440	1996
3	WD NO FLOOR	BRICK VENEER	100	100	0000

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

CERTIFIED MAIL®



7014 2120 0000 1215 7920
7014 2120 0000 1215 7920

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

3/16/20

Postmark
Here

Yes

Sent To

Randall Scott

Street & Apt. No.,
or PO Box No.

3055 Naul Rd

City, State, ZIP+4

PS Form 3800, July 2014

See Reverse for Instructions

7307522

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:

*Randall Scott
3055 Naul Road
Horn Lake, MS 38637*



9590 9401 0073 5168 0752 23

2. Article Number (Transfer from service label)

7014 2120 0000 1215 7920

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

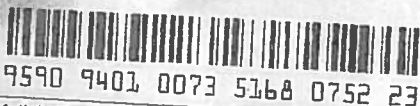
Domestic Return Receipt

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:

Randall Scott
3055 Nail Road
Horn Lake, MS 38637



9590 9401 0073 5168 0752 23

2. Article Number (Transfer from service label)

707.4 120 0000 1215 7920

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Longhorn Scott* ☒ 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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Real Property Land Information Display

<table border="1"> <tr> <td>Twn</td><td>Rng</td><td>Area</td><td>Sct</td><td>Sub</td><td>Qtr</td><td>Lot#</td><td>Split</td></tr> <tr> <td>2</td><td>08</td><td>2</td><td>04</td><td>00</td><td>0</td><td>00001</td><td>00</td></tr> </table>								Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split	2	08	2	04	00	0	00001	00	TAX DISTRICT: 4200		Click For Tax Map PDF		Display Tax Receipt Data		Tax Calculator	
Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split																								
2	08	2	04	00	0	00001	00																								
PARCEL#:								LOT SIZE:		Click for GIS Map		Search Land Records																			

LANDOWNER INFO:	MARTIN DAVID G ET UX
	MARTIN PATRICIA J
	3021 NAIL ROAD
	HORN LAKE MS
	38637-0000

LEGAL DESCRIPTION:	L AC IN NE COR OF NE1/4

DRAINAGE			
CODE:	HL		
BENEFIT:	300.00	.00	.00
SUPV. DIST.:	4		

DEEDS	BOOK:	PAGE:	DATE:
	205	564	1/01/88
			0/00/00
			0/00/00

APPRAISED LAND VALUE:	12,000
APPRAISED IMP. VALUE:	40,665
APPRAISED TOTAL VALUE:	52,665
ASSESSED TOTAL VALUE:	5,267

PROPERTY LOCATION:	3021 NAIL RD
	HORN LAKE

DEEDED ACRES:	1.20
CALC. ACRES:	1.20

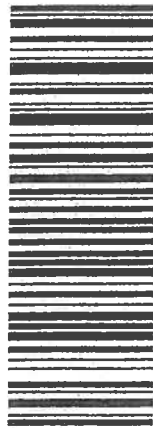
SECTION:	04
TOWNSHIP:	02
RANGE:	08

Improvements

Imp#	Building Type	Construction	Base Area	Adj. Area	Yr. Built
1	RESIDENTIAL	EXT. PLYWOOD	1,377	1,467	1939
5	UTILITY	EXT. PLYWOOD	320	348	1999

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

CERTIFIED MAIL



7014 2120 0000 1215 7937
7014 2120 0000 1215 7937

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage \$	3/16/20 Postmark Here Ysm
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <u>David Martin</u>	
Street & Apt. No., or PO Box No. <u>3021 Nail Rd</u>	
City, State, ZIP+4	
PS Form 3800, July 2014 See Reverse for Instructions	

7307521

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 <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><u>David Martin</u> <u>3021 Nail Road</u> <u>Horn Lake ms</u> <u>38637</u></p>	<p>3. Service Type</p> <p><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 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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 2120 0000 1215 7937</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



9590 9401 0073 5168 0752 16

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:

David martin
3021 Nail Road
Horn Lake ms
38637



9590 9401 0073 5168 0752 16

2. Article Number (Transfer from service label)

7014 2120 0000 1215 7937

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David Martin*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

DAVID MARTIN

C. Date of Delivery

3-20-20

- 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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Real Property Land Information Display

<table border="1"> <tr> <td>PARCEL#:</td> <td>Twn</td> <td>Rng</td> <td>Area</td> <td>Sct</td> <td>Sub</td> <td>Qtr</td> <td>Lot#</td> <td>Split</td> </tr> <tr> <td></td> <td>2</td> <td>08</td> <td>2</td> <td>03</td> <td>00</td> <td>0</td> <td>00005</td> <td>02</td> </tr> </table>								PARCEL#:	Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split		2	08	2	03	00	0	00005	02	<table border="1"> <tr> <td>TAX DISTRICT:</td> <td>4200</td> </tr> <tr> <td>LOT SIZE:</td> <td></td> </tr> </table>		TAX DISTRICT:	4200	LOT SIZE:		<table border="1"> <tr> <td>Click For Tax Map PDF</td> <td>Display Tax Receipt Data</td> <td>Tax Calculator</td> </tr> <tr> <td>Click for GIS Map</td> <td>Search Land Records</td> <td></td> </tr> </table>			Click For Tax Map PDF	Display Tax Receipt Data	Tax Calculator	Click for GIS Map	Search Land Records	
PARCEL#:	Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split																																
	2	08	2	03	00	0	00005	02																																
TAX DISTRICT:	4200																																							
LOT SIZE:																																								
Click For Tax Map PDF	Display Tax Receipt Data	Tax Calculator																																						
Click for GIS Map	Search Land Records																																							

LANDOWNER INFO:	BEDI THIND & BEDI LLC
	200 WOOD TURTLE CT
	BRANDON MS
	39047-0000

LEGAL DESCRIPTION:	KENTWOOD COMMERCIAL S-D
	LOT 1

DRAINAGE			
CODE:			
BENEFIT:	.00	.00	.00
SUPV. DIST.:	4		

DEEDS	BOOK:	PAGE:	DATE:
	717	652	9/26/13
			0/00/00
			0/00/00

APPRAISED LAND VALUE:	248,292
APPRAISED IMP. VALUE:	342,823
APPRAISED TOTAL VALUE:	591,115
ASSESSED TOTAL VALUE:	88,667

PROPERTY LOCATION:	2969 NAIL RD W
	HORN LAKE

DEEDED ACRES:	.00
CALC. ACRES:	1.90

SECTION:	03
TOWNSHIP:	02
RANGE:	08

Improvements

Imp# Building Type Construction Base Area Adj. Area Yr. Built

1	CONV STORE	BRICK & MASONRY	3,500	3,560	2013
2	CANOPY/SER STA	BRICK & MASONRY	2,664	2,664	2013
3	CONCRETE PAVMNT	BRICK & MASONRY	12,000	12,000	2013

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

CERTIFIED MAIL®



7014 2120 0000 1215 9672
7014 2120 0000 1215 9672

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

3/16/20
ysm
Postmark
Here

Sent To Bedi Thind + Bedi LLC
 Street & Apt. No.,
 or PO Box No. 200 Wood Turtle Ct
 City, State, ZIP+4 Brandon MS 39047

PS Form 3800, July 2014

See Reverse for Instructions

7307520

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:

Bedi Thind + Bedi LLC
200 Wood Turtle Ct.
Brandon MS 39047



9590 9401 0073 5168 0752 09

2. Article Number (Transfer from service label)

7014 2120 0000 1215 9672

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Real Property Land Information Display

<table border="1"> <tr> <td>PARCEL#:</td> <td>Twn</td> <td>Rng</td> <td>Area</td> <td>Sct</td> <td>Sub</td> <td>Qtr</td> <td>Lot#</td> <td>Split</td> </tr> <tr> <td></td> <td>1</td> <td>08</td> <td>8</td> <td>34</td> <td>02</td> <td>0</td> <td>00445</td> <td>00</td> </tr> </table>									PARCEL#:	Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split		1	08	8	34	02	0	00445	00	TAX DISTRICT: 4200		Click For Tax Map PDF		Display Tax Receipt Data		Tax Calculator	
PARCEL#:	Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split																										
	1	08	8	34	02	0	00445	00																										
									LOT SIZE: 106.00 X 150.00		Click for GIS Map		Search Land Records																					

LANDOWNER INFO:		ARCHON LEGACY LLC	
		3774 PRADO DE ORO	
		CALABASAS CA	
		91302-0000	

LEGAL DESCRIPTION:		DESOTO VILLAGE S-D SECTION B.	
		LOT 445	

DRAINAGE			
CODE:	HL		
BENEFIT:	300.00	.00	.00
SUPV. DIST.:	4		

DEEDS	BOOK:	PAGE:	DATE:
	736	381	6/11/14
			0/00/00
			0/00/00

APPRAISED LAND VALUE:	15,000
APPRAISED IMP. VALUE:	42,327
APPRAISED TOTAL VALUE:	57,327
ASSESSED TOTAL VALUE:	8,599

PROPERTY LOCATION:	6010 TULANE
	HORN LAKE

DEEDED ACRES:	.00
CALC. ACRES:	.00

SECTION:	34
TOWNSHIP:	01
RANGE:	08

Improvements

Imp#	Building Type	Construction	Base Area	Adj. Area	Yr. Built
1	RESIDENTIAL	BRICK VENEER	1,174	1,281	0000

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

CERTIFIED MAIL®



7014 2120 0000 1215 9689
7014 2120 0000 1215 9689

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

3/16/20

Postmark
Here
gsm

Sent To Archon Legacy LLC
Street & Apt. No.,
or PO Box No. 3774 Prado de Oro
City, State, ZIP+4 Calabasas CA

PS Form 3800, July 2014 See Reverse for Instructions

7307519

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:

Archon Legacy LLC
3774 Prado de Oro
Calabasas CA
91302



9590 9401 0073 5168 0751 93

2. Article Number (Transfer from service label)

7014 2120 0000 1215 9689

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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:

Archon Legacy LLC
3774 Pradode Oro
Calabasas CA
91302



9590 9401 0073 5168 0751 93

2. Article Number (Transfer from service label)

7014 2120 0000 1215 9689

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
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

Real Property Land Information Display

PARCEL#:	Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split						
	1	08	8	34	02	0	00446	00						
<table border="1"> <tr> <td>TAX DISTRICT:</td> <td>4200</td> </tr> <tr> <td>LOT SIZE:</td> <td>66.00 X 150.00</td> </tr> </table>									TAX DISTRICT:	4200	LOT SIZE:	66.00 X 150.00		
TAX DISTRICT:	4200													
LOT SIZE:	66.00 X 150.00													
<table border="1"> <tr> <td>Click For Tax Map PDF</td> <td>Display Tax Receipt Data</td> <td>Tax Calculator</td> </tr> <tr> <td>Click for GIS Map</td> <td>Search Land Records</td> <td></td> </tr> </table>									Click For Tax Map PDF	Display Tax Receipt Data	Tax Calculator	Click for GIS Map	Search Land Records	
Click For Tax Map PDF	Display Tax Receipt Data	Tax Calculator												
Click for GIS Map	Search Land Records													

LANDOWNER INFO:	BBB PROPERTIES LLC
	7347 MCELROY
	OLIVE BRANCH MS
	38654-0000

LEGAL DESCRIPTION:	DESOTO VILLAGE S-D SECTION B.
	LOT 446

DRAINAGE			
CODE:	HL		
BENEFIT:	300.00	.00	.00
SUPV. DIST.:	4		

DEEDS	BOOK:	PAGE:	DATE:
	756	680	3/03/15
			0/00/00
			0/00/00

APPRAISED LAND VALUE:	15,000
APPRAISED IMP. VALUE:	39,215
APPRAISED TOTAL VALUE:	54,215
ASSESSED TOTAL VALUE:	8,132

PROPERTY LOCATION:	6026 TULANE
	HORN LAKE

DEEDED ACRES:	.00
CALC. ACRES:	.00

SECTION:	34
TOWNSHIP:	01
RANGE:	08

6026 & 6040 Tulane Rd

Improvements

Imp#	Building Type	Construction	Base Area	Adj. Area	Yr. Built
1	RESIDENTIAL	BRICK VENEER	910	1,137	0000
2	UTILITY	BRICK VENEER	96	96	1991
3	UTILITY	BRICK VENEER	120	120	1997

3/19/20 @ 154pm

BBB Properties rejected letter and wanted to know what was in the letter.
I told her we were applying for a discharge permit for Donnie's Deli. She said ok.

Yvette Murphy



7014 2120 0000 1215 8880
7014 2120 0000 1215 8880

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

3/16/20
Postmark
Here
Ysm

Sent To **BBB Properties LLC**
Street & Apt. No., or PO Box No. **7347 McElroy**
City, State, ZIP+4 **Olive Branch MS**
PS Form 3800, July 2014 See Reverse for Instructions

7307518

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:
BBB Properties LLC
7347 McElroy
Olive Branch MS
38654



9590 9401 0073 5168 0751 86

2. Article Number (Transfer from service label)
7014 2120 0000 1215 8880

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ 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
- | | |
|--|---|
| <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 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"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

Real Property Land Information Display

<table border="1"> <tr> <td>Twn</td> <td>Rng</td> <td>Area</td> <td>Sct</td> <td>Sub</td> <td>Qtr</td> <td>Lot#</td> <td>Split</td> </tr> <tr> <td>1</td> <td>08</td> <td>8</td> <td>34</td> <td>02</td> <td>0</td> <td>00448</td> <td>00</td> </tr> </table>									Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split	1	08	8	34	02	0	00448	00	TAX DISTRICT: 4200		Click For Tax Map PDF		Display Tax Receipt Data		Tax Calculator	
Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split																									
1	08	8	34	02	0	00448	00																									
PARCEL#:									LOT SIZE: 66.00 X 150.00		Click for GIS Map		Search Land Records																			

LANDOWNER INFO:	ROBERTSON MARIA
	1307 HARBERT AVE
	MEMPHIS TN
	38104-0000

LEGAL DESCRIPTION:	DESOTO VILLAGE S-D SECTION B.
	LOT 448

DRAINAGE			
CODE:	HL		
BENEFIT:	300.00	.00	.00
SUPV. DIST.:	4		

DEEDS	BOOK:	PAGE:	DATE:
	620	753	11/09/09
	149	96	9/05/80
			0/00/00

APPRAISED LAND VALUE:	15,000
APPRAISED IMP. VALUE:	38,448
APPRAISED TOTAL VALUE:	53,448
ASSESSED TOTAL VALUE:	8,017

PROPERTY LOCATION:	6056 TULANE
	HORN LAKE

DEEDED ACRES:	.00
CALC. ACRES:	.00

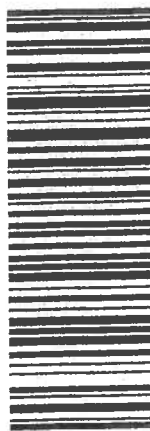
SECTION:	34
TOWNSHIP:	01
RANGE:	08

Improvements

Imp#	Building Type	Construction	Base Area	Adj. Area	Yr. Built
1	RESIDENTIAL	BRICK VENEER	1,032	1,180	0000

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD ALONG DOTTED LINE

CERTIFIED MAIL®



7014 2120 0000 1215 8897
7014 2120 0000 1215 8897

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

3/16/20
45m
Postmark
Here

Sent To	Maria Robertson
Street & Apt. No., or PO Box No.	1307 Harbert Ave
City, State, ZIP+4	Mem TN 38104

PS Form 3800, July 2014

See Reverse for Instructions

7307516

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:

Maria Robertson
1307 Harbert Ave
Memphis TN 38104



9590 9401 0073 5168 0751 62

2. Article Number (Transfer from service label)

7014 2120 0000 1215 8897

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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

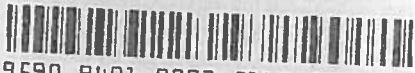
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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:

Maria Robertson
1307 Harbert Ave
Memphis TN 38104



9590 9401 0073 5168 0751 62

2. Article Number (Transfer from service label)

7014 2120 0000 1215 8897

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *USPS*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-18-20

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☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Real Property Land Information Display

<table border="1"> <tr> <td>Twn</td><td>Rng</td><td>Area</td><td>Sct</td><td>Sub</td><td>Qtr</td><td>Lot#</td><td>Split</td></tr> <tr> <td>1</td><td>08</td><td>8</td><td>34</td><td>02</td><td>0</td><td>00449</td><td>00</td></tr> </table>									Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split	1	08	8	34	02	0	00449	00	TAX DISTRICT: 4200		Click For Tax Map PDF		Display Tax Receipt Data		Tax Calculator	
Twn	Rng	Area	Sct	Sub	Qtr	Lot#	Split																									
1	08	8	34	02	0	00449	00																									
PARCEL#:									LOT SIZE: 66.00 X 150.00		Click for GIS Map		Search Land Records																			

LANDOWNER INFO:		TRUE MEM2016-1 LLC
		%GWENDOLYN WILSON
		1024 BAYSIDE DR 205
		NEWPORT BEACH CA
		92660-0000

LEGAL DESCRIPTION:		DESOTO VILLAGE S
		LOT 449

DRAINAGE			
CODE:	HL		
BENEFIT:	300.00	.00	.00
SUPV. DIST.:	4		

DEEDS	BOOK:	PAGE:	DATE:
	798	433	7/28/16
			0/00/00
			0/00/00

APPRAISED LAND VALUE:	15,000
APPRAISED IMP. VALUE:	38,428
APPRAISED TOTAL VALUE:	53,428
ASSESSED TOTAL VALUE:	8,014

PROPERTY LOCATION:	6070 TULANE
	HORN LAKE

DEEDED ACRES:	.00
CALC. ACRES:	.00

SECTION:	34
TOWNSHIP:	01
RANGE:	08

Improvements

Imp#	Building Type	Construction	Base Area	Adj. Area	Yr. Built
1	RESIDENTIAL	BRICK VENEER	1,128	1,235	0000
2	UTILITY	BRICK VENEER	96	96	1986

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

CERTIFIED MAIL



7014 2120 0000 1215 8903
7014 2120 0000 1215 8903

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

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

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

3/16/20
Postmark
Here

Sent To: *True Mem 2016-1 clogwendolyn*
Street & Apt. No., or PO Box No. *1024 Bayside Dr. #205*
City, State, ZIP+4® *Newport Beach CA 92660*

PS Form 3800, July 2014 See Reverse for instructions

7307515

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:

*True Mem 2016-1 LLC
do Gwendolyn Wilson
1024 Bayside Dr. #205
Newport Beach CA 92660*



9590 9401 0073 5168 0751 55

2. Article Number (Transfer from service label)

7014 2120 0000 1215 8903

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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery