



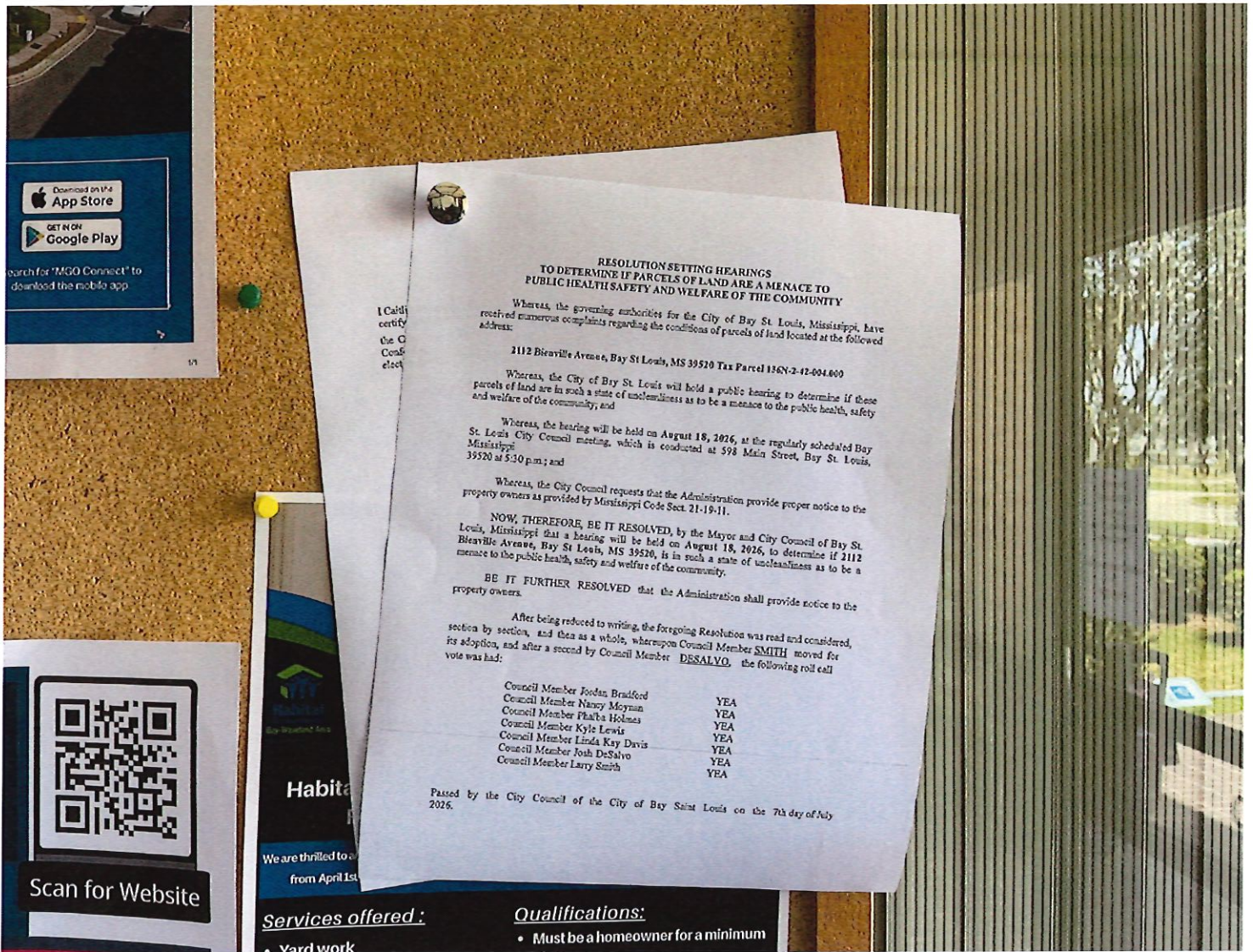
8-3-26

2112 Bienville Ave



8-3-26

2112 Bierville Ave



Mailed 8-3-26



quadrant  
FIRST-CLASS MAIL  
IMI  
**\$000.78<sup>0</sup>**  
08/03/2026 ZIP 39520  
043M30282320

US POSTAGE

Dimitra Abuliel  
2021 Paradise Peak Dr.  
Las Vegas, NV 89134



7018 2290 0001 1743 0779  
7018 2290 0001 1743 0779



quadrant  
PRIORITY MAIL  
IMI  
\$012.90<sup>2</sup>  
08/03/2026 ZIP 39520  
043M30282320

US POSTAGE

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Certified Mail # 100

Return Services & Fees (Initial one and fee as appropriate)

|                                                              |   |                                                              |   |
|--------------------------------------------------------------|---|--------------------------------------------------------------|---|
| <input type="checkbox"/> Return Receipt (hardcopy)           | 1 | <input type="checkbox"/> Return Receipt (hardcopy)           | 1 |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | 3 | <input type="checkbox"/> Certified Mail Restricted Delivery  | 3 |
| <input type="checkbox"/> Adult Signature Required            | 3 | <input type="checkbox"/> Adult Signature Required            | 3 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | 3 | <input type="checkbox"/> Adult Signature Restricted Delivery | 3 |

Postage           

Total Postage and Fees           

Sent to Nathan Prescott  
323 Howard Ave  
City, State, ZIP+4®  
RI 02815 34530

1st class postage paid at City, State, ZIP+4® and at additional mailing offices.  
 PSN 7530-0200-9020

**CERTIFIED MAIL**



7018 2290 0001 1743 0793  
7018 2290 0001 1743 0793



quadiant  
PRIORITY MAIL  
IMI  
**\$012.90<sup>0</sup>**  
08/03/2026 ZIP 39520  
043M30282320

US POSTAGE

|                                                                                              |                   |
|----------------------------------------------------------------------------------------------|-------------------|
| <b>CERTIFIED MAIL® RECEIPT</b>                                                               |                   |
| <b>Domestic Mail Only</b>                                                                    |                   |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |                   |
| <b>OFFICIAL US</b>                                                                           |                   |
| <b>Certified Mail fee</b>                                                                    | \$ _____          |
| Return Receipt A (keep green box and fee at appropriate)                                     |                   |
| <input type="checkbox"/> Return Receipt (hardcopy)                                           | \$ _____          |
| <input type="checkbox"/> Return Receipt (electronic)                                         | \$ _____          |
| <input type="checkbox"/> Signature Required                                                  | \$ _____          |
| <input type="checkbox"/> Restricted Delivery                                                 | \$ _____          |
| <input type="checkbox"/> Adult Signature Required                                            | \$ _____          |
| <input type="checkbox"/> Male Signature Required                                             | \$ _____          |
| <input type="checkbox"/> Female Signature Required                                           | \$ _____          |
| <b>Total Postage and Fees</b>                                                                | \$ _____          |
| Send to:                                                                                     |                   |
| Name                                                                                         | Dorinda Abuel     |
| Street or PO Box                                                                             | 10702 NW 2nd Ave  |
| City                                                                                         | Little Spring, FL |
| State                                                                                        | FL                |
| Zip                                                                                          | 32918             |
| Zip+4                                                                                        | 32918-0000        |
| Delivery Point                                                                               | 5000              |
| Post Office Name                                                                             |                   |

**CERTIFIED MAIL**

7018 2290 0001 1743 0786  
7018 2290 0001 1743 0786



quadiant  
PRIORITY MAIL  
IM  
**\$012.90<sup>0</sup>**  
08/03/2026 ZIP 39520

**POSTAGE**



**CERTIFIED MAIL® RECEIPT**

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                              |          |          |
|--------------------------------------------------------------|----------|----------|
| <b>Certified Mail fee</b>                                    |          | \$ _____ |
| <b>Return Receipt fee</b>                                    |          | \$ _____ |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ _____ | Receipt  |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ _____ | Mail     |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ _____ |          |
| <input type="checkbox"/> Certified Mail Signature Required   | \$ _____ |          |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |          |
| <b>Postage</b>                                               |          | \$ _____ |
| <b>Total Postage and Fees</b>                                |          | \$ _____ |

Sent to: **Danita Abduliel**

Address: **2118 Louisville Ave**

City/State/Zip: **Baton Rouge LA 70802**

Date: **May 15 2013**

PS Form 3800, April 2013 PSN 7530-02-000-9007

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