



**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing Order Lifting Suspension was mailed by certified mail with postage prepaid and return receipt requested on this 27<sup>th</sup> day of March, 2013, to:

John Welch  
P.O. Box 1859  
Claremore, OK 74018-1859

and a copy was delivered by electronic mail to:

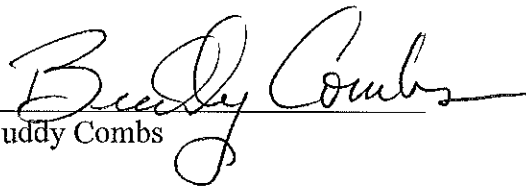
Bail Bond Division  
Oklahoma Insurance Department

and

Kim Henry  
Rogers County Court Clerk

Brenda Haggard  
Deputy Rogers County Court Clerk

Cathy Guyer  
Oklahoma Bondsman Association

  
Buddy Combs

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7001 0320 0003 9966 8996

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post</b>	



Sent To  
 Street, Apt.  
 or PO Box  
 City, State

John Welch  
 P.O. Box 1859  
 Claremore, Ok 74018-1859  
**sms/13-0115-DIS/Ord Lift**

PS Form 3800, January 2001 Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>John Welch</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>John Welch</i></p> <p>C. Date of Delivery  <i>4-8-13</i></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: <b>OKLAHOMA INSURANCE DEPARTMENT</b></p> <p style="text-align: center;">RECEIVED                  APR 11 2013                  Legal Division</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: center;">John Welch                      P.O. Box 1859                      Claremore, Ok 74018-1859  <b>sms/13-0115-DIS/Ord Lift</b></p> </div>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p style="text-align: center;">7001 0320 0003 9966 8996</p>
<p>PS Form 3811, February 2004</p>	<p style="text-align: right;">Domestic Return Receipt 102595-02-M-1540</p>