

34TH JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. BERNARD

STATE OF LOUISIANA

NO: 15 0720

DIVISION: D

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT -
HAZARD MITIGATION GRANT PROGRAM

VS.

LINDA MARIE THOMPSON AND WALTER THOMPSON III

FILED

JUN 24 2015

PETITION FOR DECLARATORY JUDGMENT AND FOR
JUDGMENT TO RECOVER HAZARD MITIGATION
GRANT PROGRAM FUNDS

Randy S. Thunez
CLERK OF COURT
ST. BERNARD PARISH

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendants in this case are Linda Marie Thompson and Walter Thompson III domiciliary of St. Bernard Parish, who voluntarily participated in HMGP to mitigate their home after Hurricane Katrina.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana, the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage which may occur in future natural disasters by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded to eligible homeowners.

3.

Defendants executed a Voluntary Participation Agreement (hereinafter "VPA") on June 1, 2010, to participate in HMGP and to receive an HMGP grant. Defendants also agreed to

comply with all HMGP guidelines, which includes using HMGP funds for their intended purpose. *Exhibit A.*

4.

FEMA grant funds in the amount of Five Thousand, Nine Hundred Ninety-Two and 75/100th Dollars (\$5,992.75) (hereinafter "FEMA Grant Funds") were paid to Defendants by HMGP on or about August 23, 2010 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at his home located at 3408 Ashley Drive, Violet, LA 70092. *Exhibit B.*

5.

Photographs dated August 28, 2014 show that although the FEMA Grant Funds were received, Defendants' home was not mitigated. *Exhibit C.*

6.

Three (3) separate collection letters were mailed to Defendants at 3408 Ashley Drive, Violet, LA 70092, which was the address submitted by them when they applied for the HMGP grant. The first letter, which was dated February 27, 2014, informed Defendants that the FEMA Grant Funds had to be returned to the State of Louisiana. *Exhibit D (in globo).*

7.

The January 16, 2015 demand letter was sent by certified mail and delivery was accepted on January 20, 2015. *Exhibit E (in globo).*

8.

The April 13, 2015 demand letter was sent by certified mail and delivery was accepted on April 14, 2015. *Exhibit F (in globo).*

9.

Defendants have failed to respond to the letters and have failed to return the funds to the State.

10.

Defendants' failure to return the FEMA Grant Funds has resulted in Defendants owing to HMGP the FEMA Grant Funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

11.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendants will result in reimbursement to FEMA being required by the State of Louisiana.

12.

HMGP requests that the debt of Five Thousand, Nine Hundred Ninety-Two and 75/100th Dollars (\$5,992.75), owed by Linda Marie Thompson and Walter Thompson III to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendants to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendants, Linda Marie Thompson and Walter Thompson III, are non-compliant with the Voluntary Participation Agreement signed by them;
- b. That this Honorable Court declare that Defendants, Linda Marie Thompson and Walter Thompson III, are indebted to HMGP in the amount of Five Thousand, Nine Hundred Ninety-Two and 75/100th Dollars (\$5,992.75) because of their failure to mitigate their home according to their agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendants, Linda Marie Thompson and Walter Thompson III, be ordered to return the Five Thousand, Nine Hundred Ninety-Two and 75/100th Dollars (\$5,992.75) HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendants, Linda Marie Thompson and Walter Thompson III, in the full sum of Five Thousand, Nine Hundred Ninety-Two and 75/100th Dollars (\$5,992.75) ;
- e. That Defendants, Linda Marie Thompson and Walter Thompson III, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

FOR HMGP:



La Koshia R. Roberts
Bar Roll No. 26715
State of Louisiana, through
its Division of Administration
2021 Lakeshore Drive, Suite 100
New Orleans, Louisiana 70122
Telephone: (504) 284-4022
Facsimile: (504) 284-4091
LaKoshia.Roberts@la.gov

T. Randolph Richardson (Special Counsel)
Bar Roll No. 11245
Law Office of T. Randolph Richardson
1010 Common Street, Suite 3000
New Orleans, LA 70112
Phone: 504-212-4163
Fax: 504-581-7083
Email: trichar994@aol.com

PUBLIC ENTITY/FEE EXEMPT
(La.R.S. 13:4521 and 13:5112)

PLEASE SERVE:

**LINDA MARIE THOMPSON AND
WALTER THOMPSON III
3408 ASHLEY DRIVE
VIOLET, LA 70092**

34TH JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. BERNARD

STATE OF LOUISIANA

NO: 15 0720

DIVISION: _____

D

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT -
HAZARD MITIGATION GRANT PROGRAM

VS.

FILED

LINDA MARIE THOMPSON AND WALTER THOMPSON, III

JUN 24 2015

Comptroller
CH. DEPUTY CLERK
ST. BERNARD PARISH

VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana's Hazard Mitigation
Grant Program, declare under penalty of perjury that the representations made in the foregoing
Petition are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 23rd DAY OF June 2015 IN New Orleans,
Orleans Parish, LOUISIANA.

C. P. Taffaro, Jr.

Craig P. Taffaro, Jr.

La Koshia Reconda Roberts

La Koshia Reconda Roberts

Notary Public
Bar Roll No. 26715
My Commission expires at death.

Office of Community Development Disaster Recovery Unit (OCD-DRU)
HAZARD MITIGATION GRANT PROGRAM (HMGP)

VOLUNTARY PARTICIPATION AGREEMENT (VPA)

Complete and return this form by mail to:

OCD-DRU HMGP
P. O. Box 1089
Hammond, LA 70404-1089

06HH 046576

SECTION 1: MITIGATION ELECTION (check one)

- I/We am/are **NOT** interested in participating in the OCD-DRU Hazard Mitigation Grant Program (HMGP).
 I/We have sold the home that was damaged during the storm and therefore will not be eligible to participate in the program.

IF YOU CHECKED EITHER OF THE ABOVE: SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.

Applicant or Co-Applicant NAME _____ Applicant or Co-Applicant SIGNATURE _____ Date _____

Applicant or Co-Applicant NAME _____ Applicant or Co-Applicant SIGNATURE _____ Date _____

Home Phone: (____) _____ Cell Phone: (____) _____

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA) _____ Agent SIGNATURE _____ Date _____

- I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 3.

SECTION 2: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM(S):

____ Pilot Reconstruction ____ Elevation Individual Mitigation Measures (IMM)

SECTION 3: PROGRAM ELIGIBILITY

1. The status of mitigation work to my home is: (Select the one answer that most closely fits your situation)
- As of March 16, 2008, I had completed my mitigation activity of my home to meet the latest elevation standards in my community.
 - As of March 16, 2008, I had started—but not completed—the mitigation activity of my home to meet the latest elevation standards in my community.
 - I expect to start my mitigation activity by 7/1/10
2. My home was initially constructed: (mark all that apply)
- During or before 1964
 - After 1964
 - My damaged home from the time of the storm has been demolished or cleared.
 - Don't know

FILED

JUN 24 2010

Corinne Deneau
CH. DEPUTY CLERK
ST. BERNARD PARISH

EXHIBIT

tabbies

A

A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program.
- Homeowner selected Road Home Option 1 -- "Keep Our Home."
(NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.)
- Homeowner still owns the home that was eligible for Road Home benefits or has acquired the home along with an assignment of Road Home rights. (NOTE: Assignment of Rights is only applicable to Elevation or IMM activities.)
- The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines.
- Be cleared by FEMA.
- Homeowner agrees to comply with all HMGP guidelines as set forth by FEMA, GOHSEP and OCD.

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on 6-1-10 (date). I/We am/are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

3408 Ashley Drive, Violet, St. Bernard 70092 (the "Property").
Street City Parish ZIP

I/We currently plan to participate in the OCD-DRU HMGP Program. I/We understand the following concerning participation in OCD-DRU HMGP Program:

- The program is voluntary in nature;
- I/We are under no obligation to participate;
- I/We may drop out of the program at any time before receiving an award;
- The program reimburses cost of mitigation measures, homeowner must complete measures in accordance with program guidelines and request reimbursement from OCD-DRU's HMGP;
- Due to limited funding, IMM will be serviced on a "first come, first serve" basis until all funding is exhausted.

I/We understand that before cost will be reimbursed that an OCD-DRU HMGP Covenant must be signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP will be recorded with Conveyance Records in the parish where the property is located.

I/We understand that property inspections are required for processing through the OCD-DRU HMGP and grant the program permission to take the necessary photos of my structure.

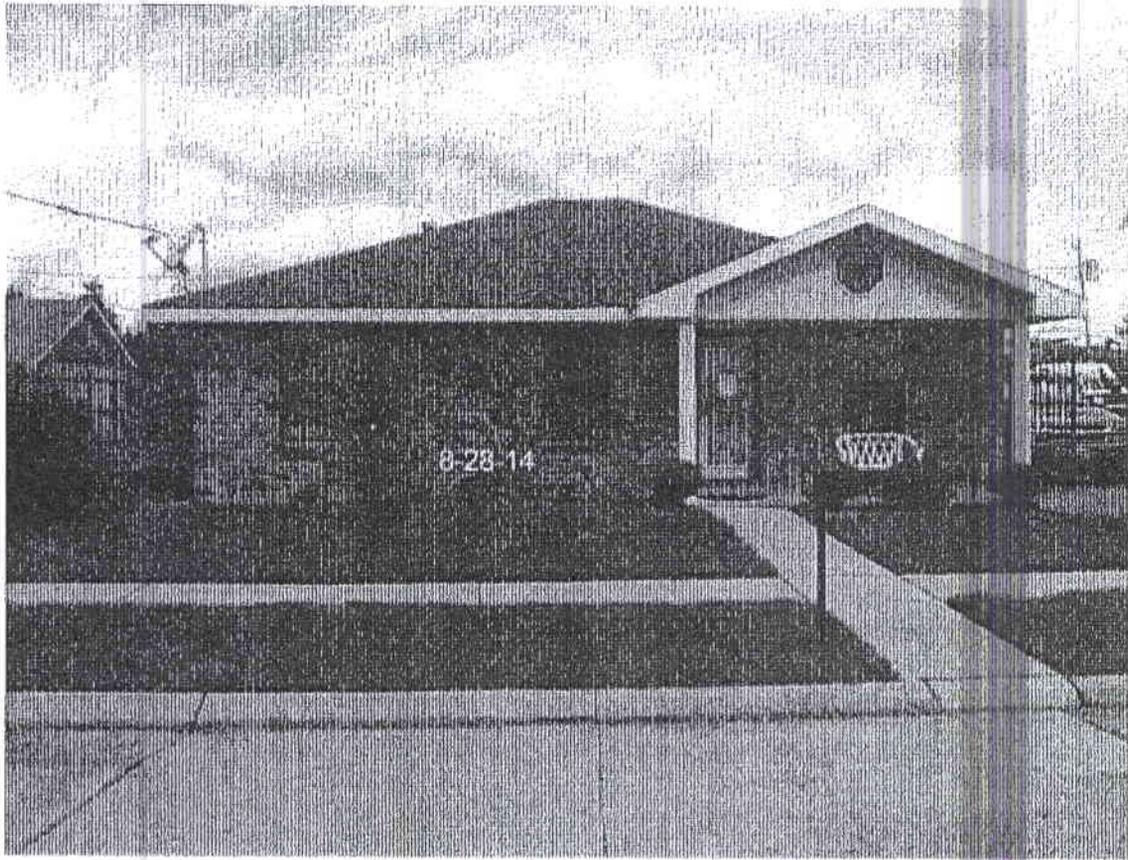
For Pilot Reconstruction Projects:

- Property owner has been notified that the following policy, listed in the June 2006 Pilot Reconstruction Guidance Section 2.3.7, has been rescinded by FEMA effective December 11, 2009: "Pilot Reconstruction activities must result only in an approximation of the original square footage of the structure, and that the square footage of the resulting structure shall be no more than 10 percent greater than that of the original structure."
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Property owner confirms that the information described in the preceding paragraphs has been explained and the information is understood.

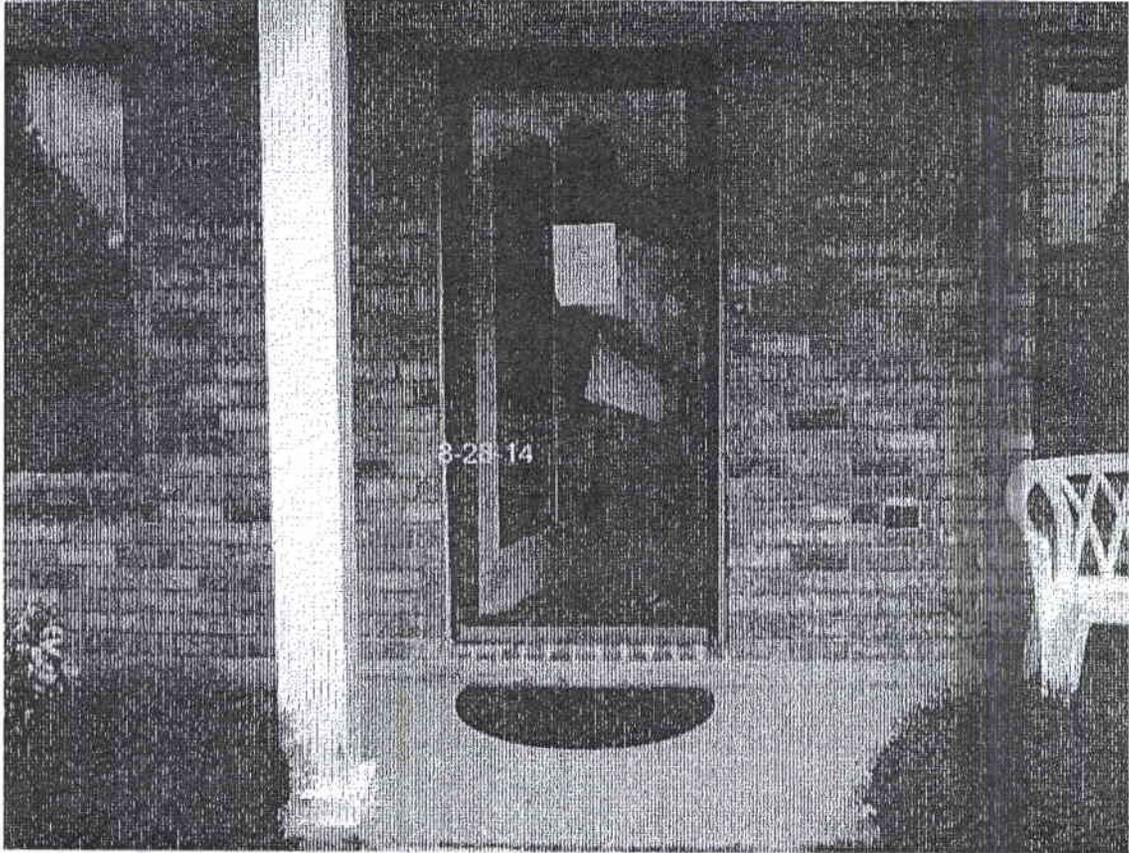
<u>Linda Thompson</u> Applicant or Co-Applicant NAME	<u>[Signature]</u> Applicant or Co-Applicant SIGNATURE	<u>6/1/10</u> Date
<u>WALTER THOMPSON III</u> Applicant or Co-Applicant NAME	<u>[Signature]</u> Applicant or Co-Applicant SIGNATURE	<u>6/1/10</u> Date

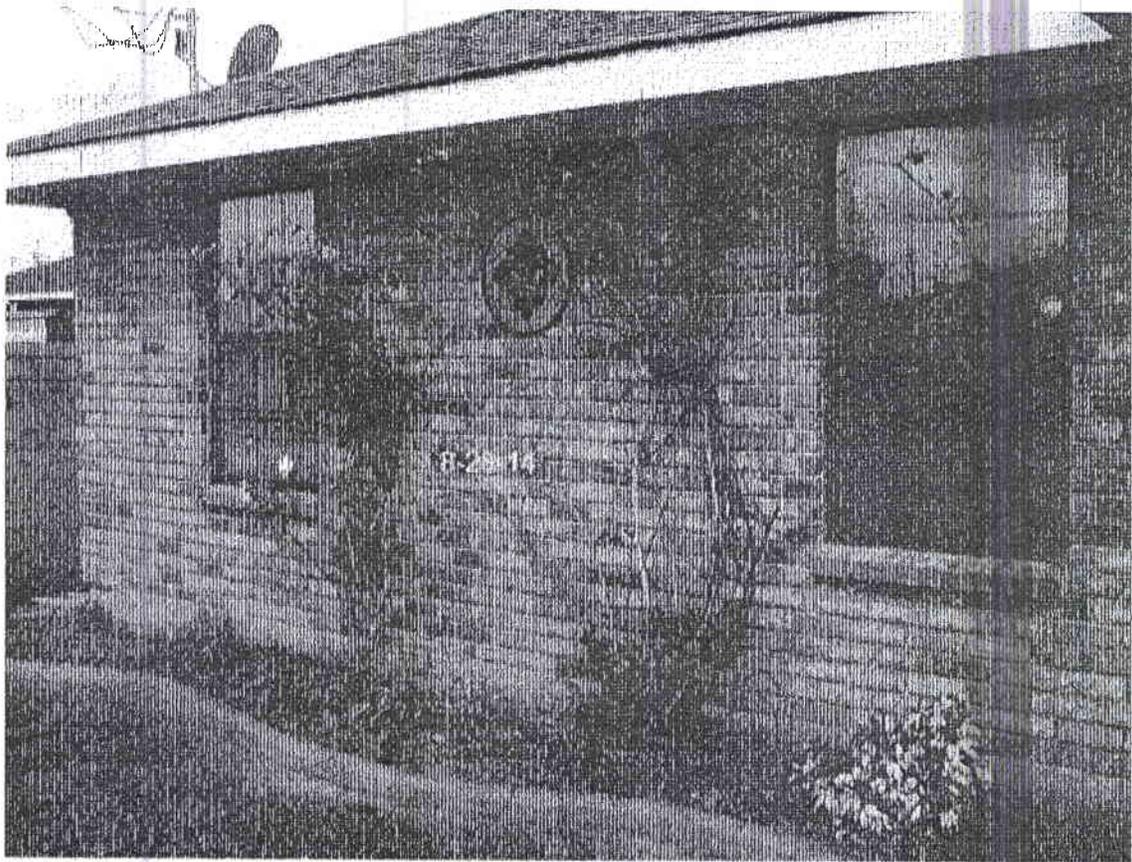
Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

_____ Agent NAME (person with POA)	_____ Agent SIGNATURE	_____ Date
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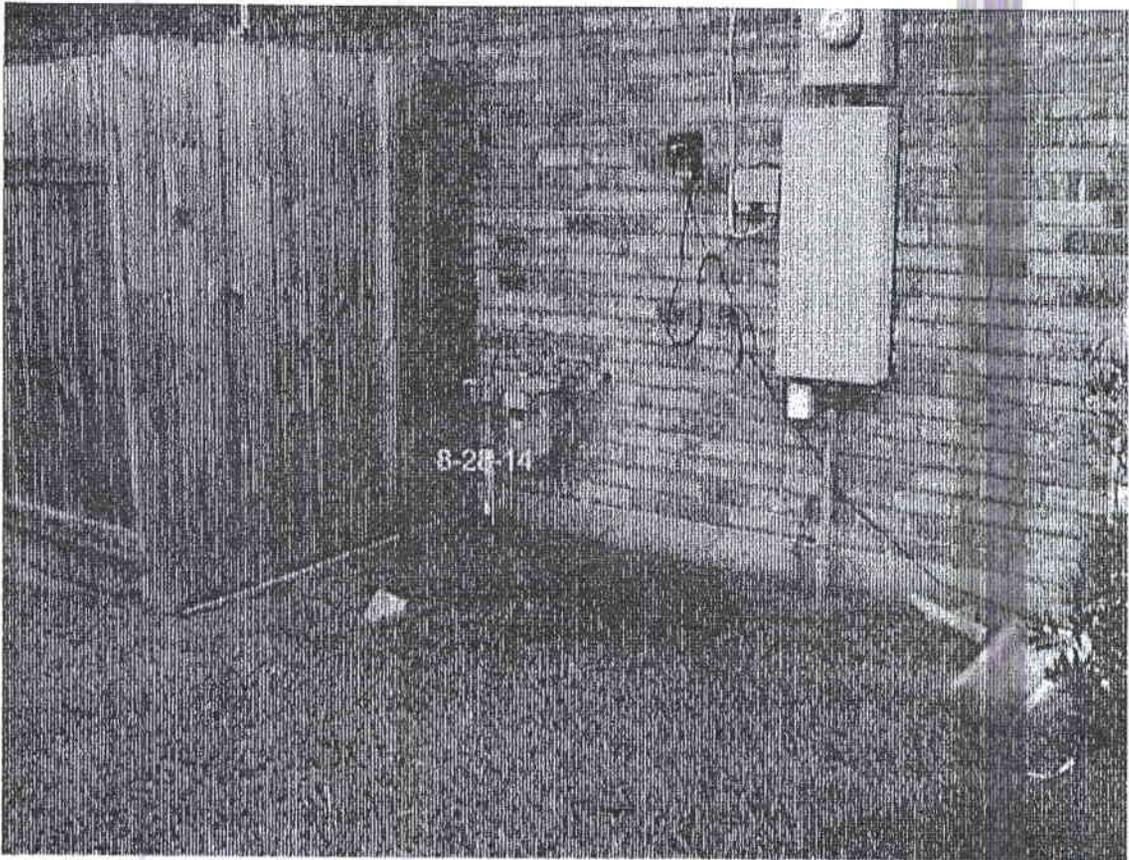


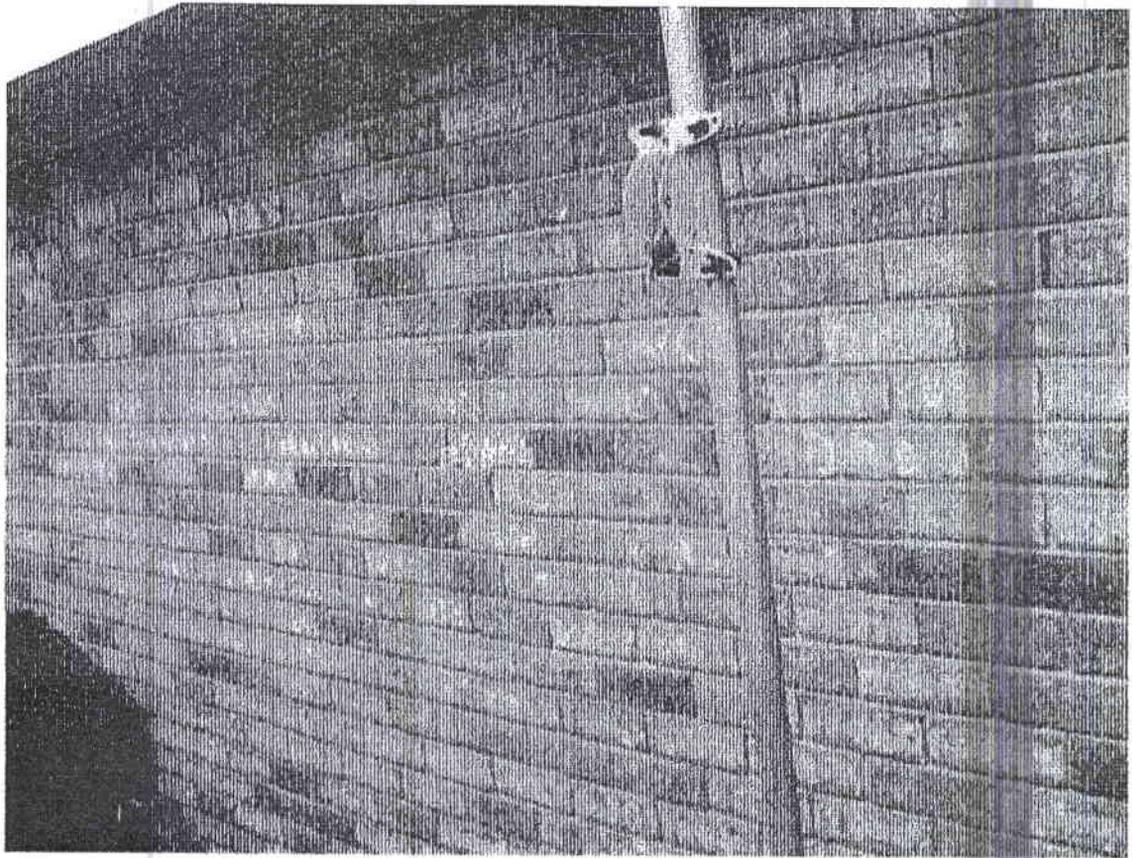


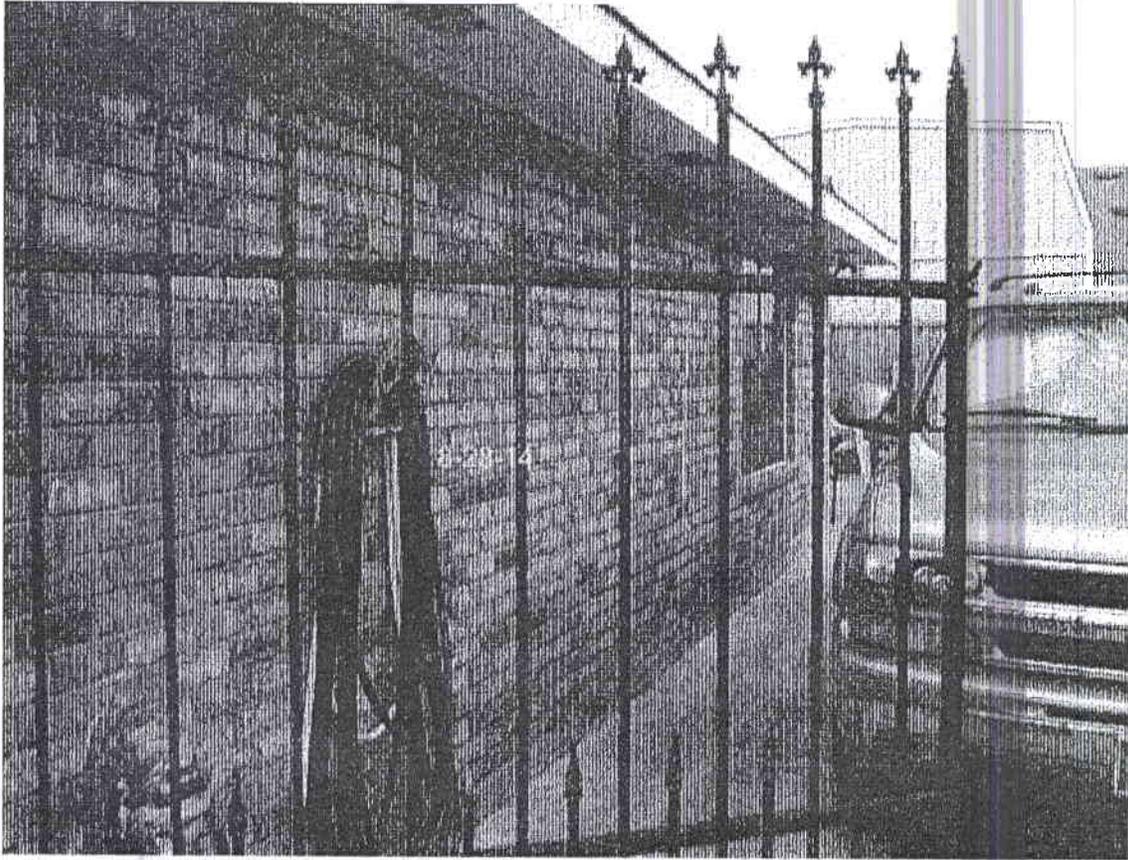


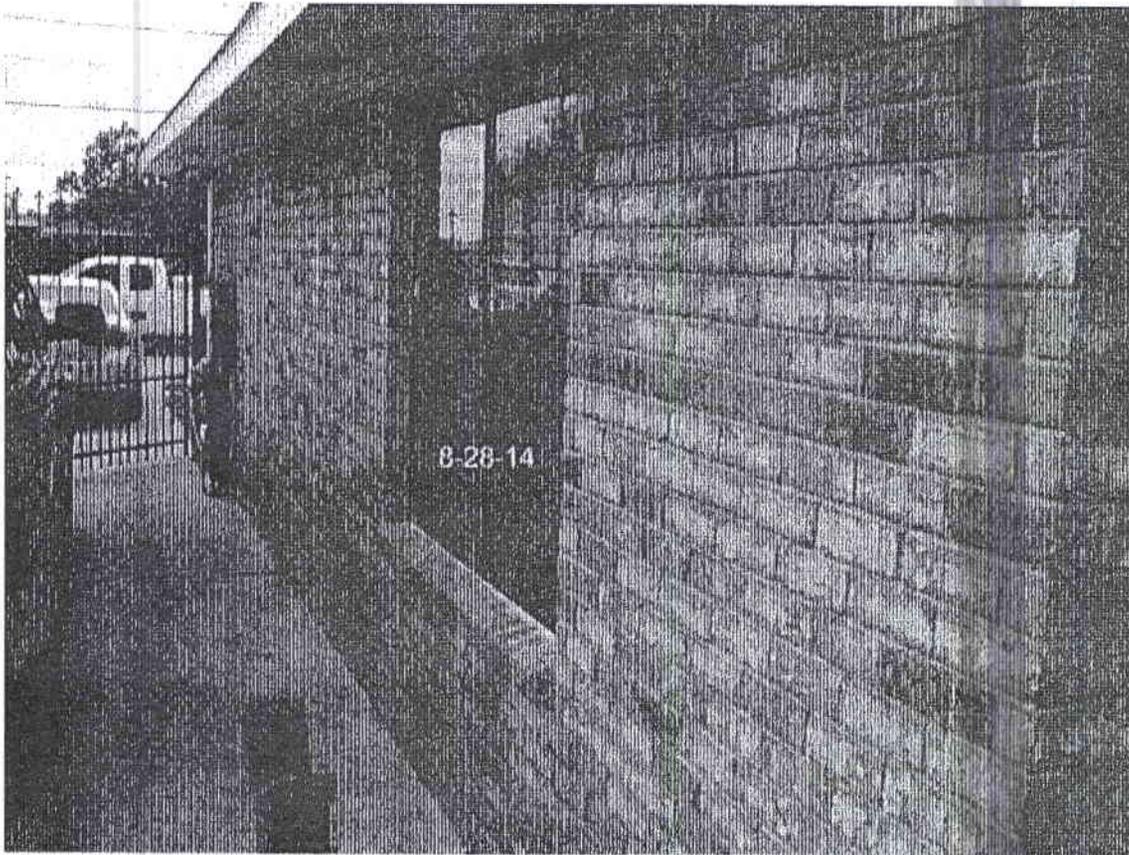


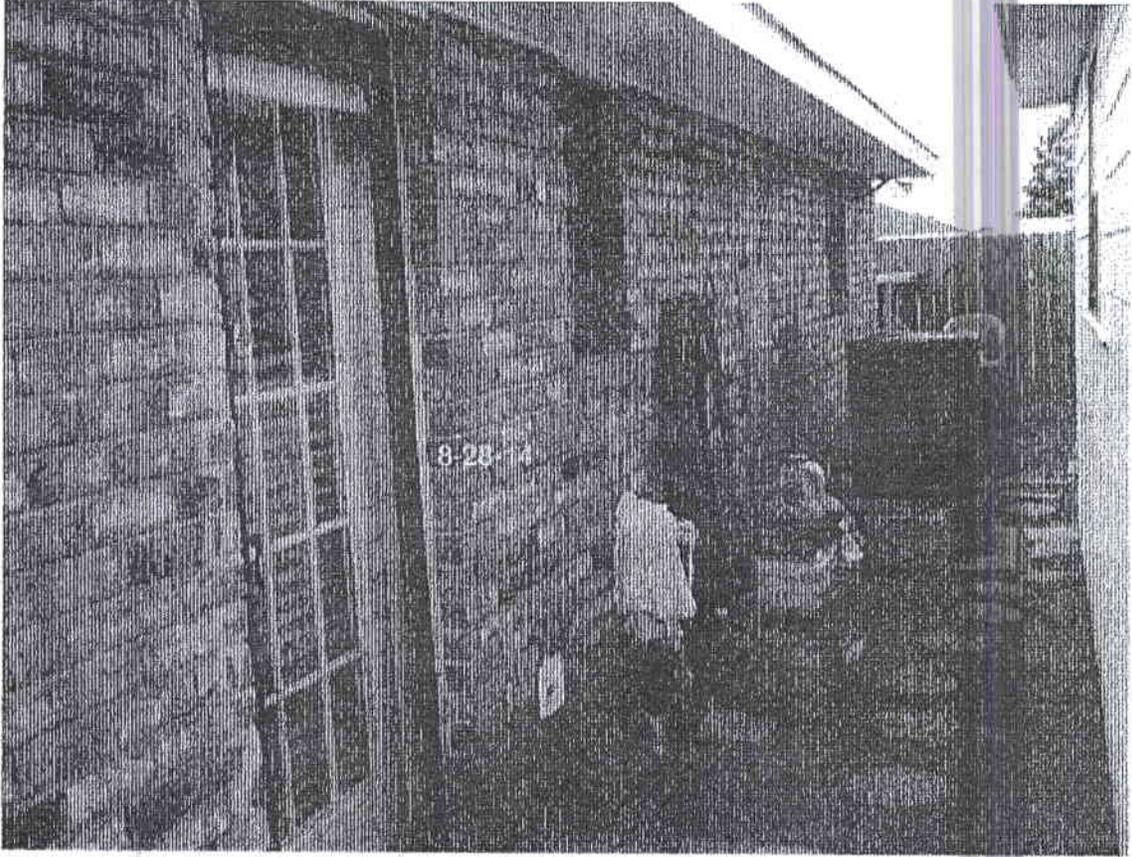


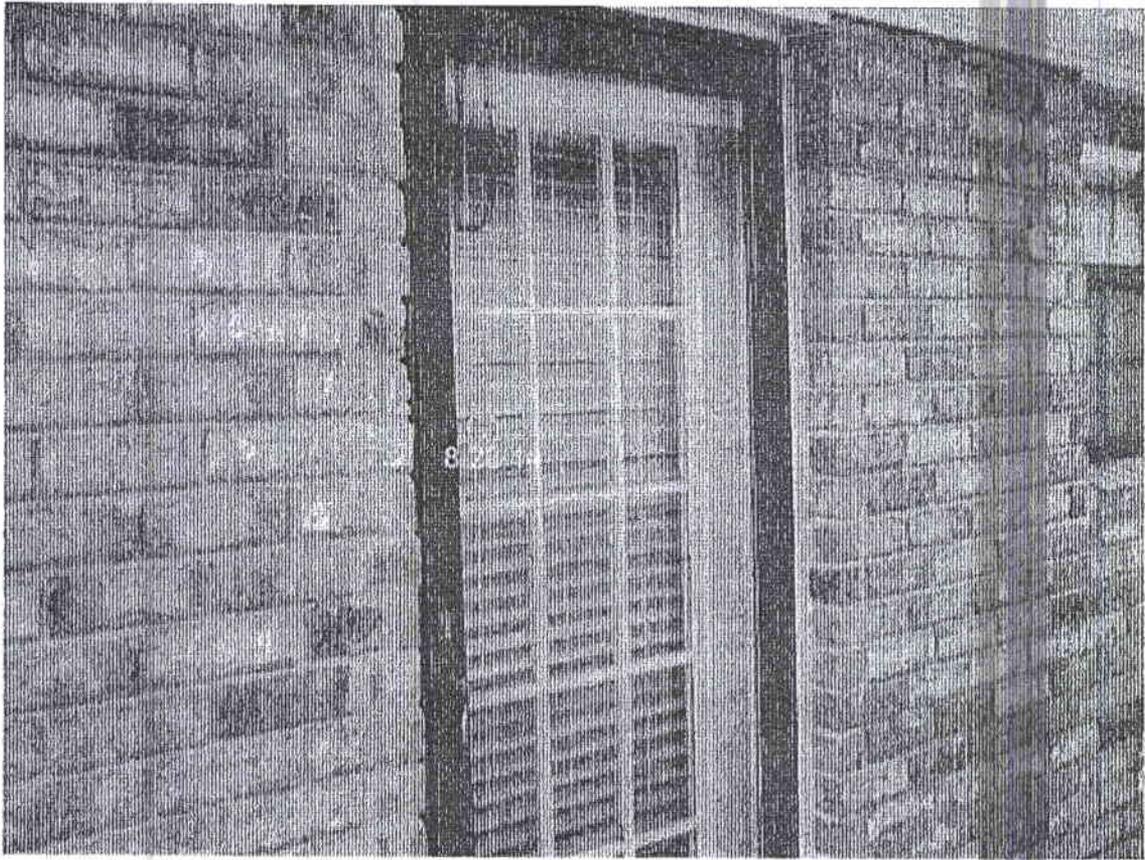














State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
 hazardmitigation@mitigatela.org

2/27/2014

06HH046576

LINDA THOMPSON
 WALTER THOMPSON
 3408 Ashley Dr
 Violet, LA 70092

FILED

JUN 24 2015

Corinne Dancer
 CH. DEPUTY CLERK
 ST. BERNARD PARISH

**SUBJECT: Verification of Mitigation Grant Funds
 3408 ASHLEY DRIVE VIOLET, LA 70092**

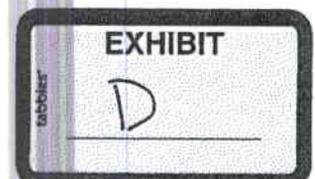
Dear LINDA THOMPSON:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your IMM grant(s):

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$0.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$5,992.75	Individual Mitigation Measures (IMM)	\$5,992.75
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$5,992.75	Total Hazard Mitigation Benefit	\$5,992.75

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH046576 is \$5,992.75.



Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Donald Linski, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

Your response must be postmarked within fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call (504) 284-4054 or send email to donald.linski@LA.gov for assistance.

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT, DISASTER RECOVERY UNIT HMGP ON OR BEFORE 3/14/2014.

Road Home ID: 06HH046576

Applicant Name: LINDA THOMPSON
Co-Applicant Name: WALTER THOMPSON
Address: 3408 ASHLEY DRIVE VIOLET, LA 70092

Case Manager: Donald Linski

Please select **one** (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit HMGP. I have enclosed my certified check, made payable to "Louisiana Division of Administration - HMGP", in the amount of \$5,992.75 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
2021 Lakeshore Drive, Ste. 100
New Orleans, LA 70122

I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please review my proposed repayment plan which is attached.

I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME: _____ Date _____

SIGNATURE: _____

I am not the primary applicant for this case. If checked, please state your relationship:



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
 hazardmitigation@mitigatcla.org

1/16/2015

LINDA THOMPSON
 3408 ASHLEY DRIVE
 VIOLET, LA 70092

Road Home ID: 06HH046576

SUBJECT: Final HMGP Collection Attempt

Dear LINDA THOMPSON:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

You should be aware that the Hazard Mitigation Grant Program will use all available resources to recoup the grant funds disbursed to you including, but not limited to, collection agency services, wage garnishments, civil action, and income tax return liens.

This is the last correspondence you will receive from the Program in an attempt to collect these funds. **If you fail to return the \$5,992.75 owed to the State within five (5) calendar days your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations.** All future correspondence will be directly from the appropriate collection agency. A table has been attached describing the grant funds received and the related activity for those funds.

You may stop the above actions by immediately contacting the Hazard Mitigation Grant Program at (504) 284-4067 to make acceptable repayment arrangements. Once your file has been referred for collection, your ability to reconcile the funds directly with the Program will end.

Respectfully,

Craig P. Taffaro, Jr.
 Director, Hazard Mitigation Grant Program
 and Recovery Coordination

Enclosure

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

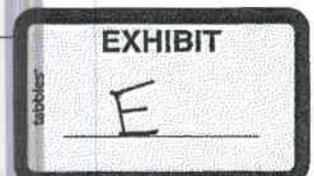
The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-848-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: http://www.hamiltonrelay.com/states/la_howto.htm.

FILED

JUN 24 2015

Cornelia Dancer
 CH. DEPUTY CLERK
 ST. BERNARD PARISH

AN EQUAL OPPORTUNITY EMPLOYER





State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

Our review has determined that the following apply to your IMM grant(s) because the applicant provided no proof of payment:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$ 0.00	Elevation Grant	\$ 0.00
Individual Mitigation Measures (IMM)	\$5,992.75	Individual Mitigation Measures (IMM)	\$5,992.75
Reconstruction Grant	\$ 0.00	Reconstruction Grant	\$ 0.00
Total HMGP Funds Received	\$5,992.75	Total Hazard Mitigation Benefit	\$5,992.75

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH046576 is \$5,992.75.

Payment should be delivered to the following address:

State of Louisiana
Hazard Mitigation Grant Program
2021 Lakeshore Drive, Suite 100
New Orleans, La. 70122

06HH 046576

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

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

OFFICIAL USE

7014 2120 0000 5791 5479

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

Postmark
Here

Send To: Linda Thompson
Street & Apt. No. 3408 Ashley Dr.
or PO Box No. W. Sllet, LA 70093
City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

046576

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.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.	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	C. Date of Delivery <i>1/20/15</i>
1. Article Addressed to: <i>Linda Thompson 3408 Ashley Dr. Violet, LA 70092</i>	B. Received by (Printed Name) <i>Linda Thompson</i>	D. Is delivery address different from item 1? # YES, enter delivery address below: <input checked="" type="checkbox"/> No
2. Article Number <i>(Transfer from service label)</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0000 5791 5479 Domestic Return Receipt		



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

06HH046576
LINDA THOMPSON
3408 ASHLEY DRIVE
VIOLET LA 70092

FILED

JUN 24 2015

Re: Collection of Outstanding Debt in the Amount of **\$5,992.75**

Corinne Dancer
CH. DEPUTY CLERK
ST. BERNARD PARISH

Dear LINDA THOMPSON:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 3408 ASHLEY DRIVE VIOLET.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$5,992.75**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

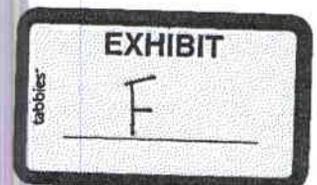
If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,

La Koshia R. Roberts

La Koshia R. Roberts
Attorney for HMGP



3408 ASHLEY DR

7014 2120 0000 5792 5287

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ™	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To: <i>Linda Thompson</i>	
Street & Apt. No. or PO Box No. <i>3408 Ashley Dr.</i>	
City, State, ZIP+4® <i>1101st LA 96092</i>	
PS Form 3800, July 2014 See Reverse for Instructions	

46576

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
 Linda Thompson
 3408 Ashley Dr.
 Violet, LA 70092

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Minda Owick* Agent Addressee

B. Received by (Printed Name) *Minda Owick* C. Date of Delivery *4/1/15*

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



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0000 5792 5287

