





*Tennessee Missionary Baptist Church*

2100 FISCHER ~ Detroit, MI 48214

Office: (313) 823-4850 ~ Resident: (313) 220-8623

**Pastor Milbrun L. Pearson II, B.S., C.P.A.**

**Chairman Deacon Board**

*Billie G. Howard*

**V-Chairman Deacon Board**

*Lee D. Gamble*

**Chairman Trustee Board**

*Otis D. Taylor*

**V-Chairman Trustee Board**

*Porter Bragg*

**Church Clerk**

*Towana L. Pearson*

(313) 350-8232

Leconda Bowers  
2239 Crane St  
Detroit, MI 48214

Dear Ms. Bowers:

I am writing you on behalf of Tennessee Missionary Baptist Church located at 2100 Fischer Detroit, MI 48214. We are seeking your approval to close off the alley that runs North and South from Vernor to Kercheval and the alley that runs East and West from Crane to Fischer.

If you approve of us closing both alleys, please sign below and either mail this letter back to our church or you can fax it to 248-552-7327. Thank you for your time and consideration in this matter.

*Leconda Bowers*

Property Owner

Sincerely,

*Milbrun L. Pearson II*

Milbrun L. Pearson II, Pastor

Tennessee Missionary Baptist Church



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Otis D. Taylor

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Porter Bragg

**Church Clerk**

Towana L. Pearson  
(313) 350-8232

Hantz Woodlands LLC  
17403 Mount Elliot  
Detroit, MI 48212

To Whom it may concern:

I am writing you on behalf of Tennessee Missionary Baptist Church located at 2100 Fischer Detroit, MI 48214. We are seeking your approval to close off the alley that runs North and South from Vernor to Kercheval and the alley that runs East and West from Crane to Fischer.

If you approve of us closing both alleys, please sign below and either mail this letter back to our church or you can fax it to 248-552-7327. Thank you for your time and consideration in this matter.

*Michael Seave, President*

Property Owner

*Hantz Woodlands  
734-973-2701*

\* Pastor Pearson,

*I would enjoy meeting with you to share ideas on how to make our neighborhoods truly livable.*

Sincerely,

*Milbrun L. Pearson II*

Milbrun L. Pearson II, Pastor

Tennessee Missionary Baptist Church





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**V-Chairman Trustee Board**

*Porter Bragg*

**Church Clerk**

*Towana L. Pearson*  
(313) 350-8232

Bert Dearing  
23142 Antique Lane  
Southfield, MI 48075

Dear Mr. Dearing:

I am writing you on behalf of Tennessee Missionary Baptist Church located at 2100 Fischer Detroit, MI 48214. We are seeking your approval to close off the alley that runs North and South from Vernor to Kercheval and the alley that runs East and West from Crane to Fischer.

If you approve of us closing both alleys, please sign below and either mail this letter back to our church or you can fax it to 248-552-7327. Thank you for your time and consideration in this matter.

Property Owner

Sincerely,

Milbrun L. Pearson II, Pastor

Tennessee Missionary Baptist Church

Tennessee Missionary Baptist Church  
2100 Fischer Street  
Detroit, MI 48214

7016 1370 0000 7785 9092

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

CERTIFIED MAIL®



7016 1370 0000 7785 9092

J Barksdale  
2216 Fischer Street  
Detroit, MI

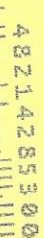
*W*

*LN*  
*1-24-17*  
*285*

482142853000

VAC

BC:



\*2590-04853-20-41

RETURN TO SENDER  
VACANT  
UNABLE TO FORWARD

NIXIE

482 SE 1

0003/29/17



1000



48214

U.S. POSTAGE  
PAID  
SOUTHFIELD, MI  
48037  
JAN 20, 17  
AMOUNT  
**\$6.47**  
R2305K136766-16

Tennessee Missionary Baptist Church  
2100 Fischer Street  
Detroit, MI 48214

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



7016 1370 0000 7785 9047

Virene Brown  
2144 Fischer Street  
Detroit, MI

~~482142853000~~  
VANC



1000



48214

U.S. POSTAGE  
PAID  
SOUTHFIELD, MI  
49037  
JAN 20, 17  
AMOUNT  
**\$6.47**  
R2305K136766-16

*LN*  
*1-24-17*  
*OK*

WIXIE 482 SE 1 0003/29/17  
RETURN TO SENDER  
VACANT  
UNABLE TO FORWARD  
BC: 482142853000 \*0485-00937-20-39  
482142853000

Tennessee Missionary Baptist Church  
2100 Fischer Street  
Detroit, MI 48214



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

**CERTIFIED MAIL**



7016 1370 0000 7785 9122

*Jessie M. Green*

Jessie M. Green  
2256 Fischer  
Detroit, MI 4



1000



48214

U.S. POSTAGE  
PAID  
SOUTHFIELD, MI  
48037  
JAN 20, 17  
AMOUNT  
**\$6.47**  
R2305K138766-16

WANC  
48214>2853

NIXIE 482 DE 1 0003/22/17  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 48214285300 \*0590-03150-22-22  
48214285300



Tennessee Missionary Baptist Church  
2100 Fischer Street  
Detroit, MI 48214

7026 1370 0000 7785 9061

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



7026 1370 0000 7785 9061

Annie Casey  
P.O. Box 3477  
Abilene, TX

79604834427853  
UT



1000



79604

U.S. POSTAGE  
PAID  
SOUTHFIELD, MI  
48037  
JAN 20 17  
AMOUNT  
**\$6.47**  
R2305K136766-16

**NAME**

**1st Notice**

1-24

MIXIE 750 7E 1 0001/28/17


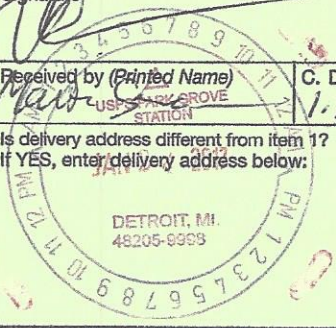
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD


BC: 48214283300

\*2390-01579-20-43





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>EAST/AWN LLC            18400 Hickory            DEXROIX, MI 48205</p>  <p>9590 9402 1289 5285 7012 08</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>2. Article Number (Transfer from service label)</p> <p>70161370000077859115</p>	<p>3. Service Type</p> <p><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  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>CHAROLEE LAND LLC            51 HANCOCK W.            DEXROIX, MI 48201</p>  <p>9590 9402 1289 5285 7012 77</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>70161370000077859016</p>	<p>3. Service Type</p> <p><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  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>



■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BANIAN INVESTMENTS LLC  
8109 E. JOHNSON AVE  
DETRIT, MI 48214



9590 9402 1289 5285 7012 39

2. Article Number (Transfer from service label)

70161370 0000 7785 9085

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

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:

BERT DEARING  
23142 ANTIQUE LANE  
SOUTHFIELD, MI 48075



9590 9402 1289 5285 6975 01

2. Article Number (Transfer from service label)

70161370 0000 7785 9030

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bert Dearing

B. Received by (Printed Name)

Bert Dearing

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:

ARTHUR & ELSA ROBINSON  
2145 CANE  
DETRIT, MI 48214



9590 9402 1289 5285 6974 88

2. Article Number (Transfer from service label)

70161370 0000 7785 9054

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Elnora Robinson

B. Received by (Printed Name)

Elnora Robinson

C. Date of Delivery

1/7/17

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

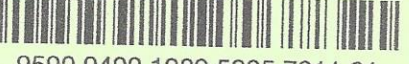


<input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		<input checked="" type="checkbox"/> Received by (Printed Name)	C. Date of Delivery	
1. Article Addressed to: B&D PROPERTY MANAGEMENT 1315 BROADWAY DETROIT, MI 48226		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
 9590 9402 1289 5285 7012 46		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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) 7016 1370 0000 7785 9078		PS Form 3811, July 2015 PSN 7530-02-000-9053		

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		
1. Article Addressed to: LORONDA BOWERS 2239 CRANE DETROIT, MI 48214		B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No				
 9590 9402 1289 5285 7012 15		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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) 7016 1370 0000 7785 9108		PS Form 3811, July 2015 PSN 7530-02-000-9053		

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		
1. Article Addressed to: Odell Thomas 8736 E. VERNOR Hwy DETROIT, MI 48214		B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No				
 9590 9402 1289 5285 7011 61		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 <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) 7016 1370 0000 7785 9146		PS Form 3811, July 2015 PSN 7530-02-000-9053		

Domestic Return Receipt