

IN THE CIRCUIT COURT OF IZARD COUNTY, ARKANSAS  
CIVIL DIVISION

CITY COUNCIL OF HORSESHOE BEND, ARKANSAS,  
By and through its Members,

PETITIONER

v.

Case No. 33CV-25-155

HON. DUANE DeLAIR, in his official capacity as  
Mayor of the City of Horseshoe Bend, Arkansas,

RESPONDENT

AFFIDAVIT OF SERVICE

I hereby certify that service of the Summons and Writ of Mandamus in the above-captioned matter was perfected on Hon. Duane DeLair by certified, restricted mail on November 21, 2025, as well as regular mail. The green card was signed by Victoria Bigness, the City bookkeeper. Attached as Exhibit 1 is a copy of the green card with the service information noted thereon. Furthermore, Hon. Duane DeLair was served via process server on October 20, 2025. See Affidavit of Service filed of record on October 24, 2025.

Respectfully submitted,

BEQUETTE, BILLINGSLEY & KEES, P.A.  
425 West Capitol Avenue, Suite 3200  
Little Rock, AR 72201-3469  
Phone: (501) 374-1107  
Fax: (501) 374-5092  
Email: ckees@bbpalaw.com

By: \_\_\_\_\_

W. Cody Kees, Ark. Bar No. 2012118

*Attorney for Petitioner*

**VERIFICATION**

STATE OF ARKANSAS    )  
  ) ss.  
COUNTY OF PULASKI    )

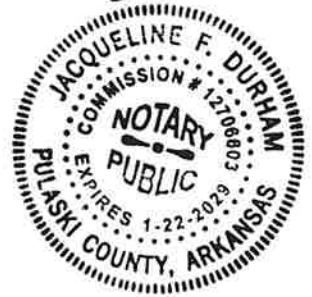
The undersigned hereby states upon oath that the above Affidavit is true and correct to the best of his knowledge, information, and belief.

*W. Cody Kees*  
\_\_\_\_\_  
Cody Kees

SUBSCRIBED and SWORN to before me, the undersigned Notary Public, this 2<sup>nd</sup> day of December, 2025.

*Jacqueline F. Durham*  
\_\_\_\_\_  
Notary Public

My commission expires:  
1-22-29




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"/> <i>Victoria Bigness</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  <i>Victoria Bigness</i>   <i>11/21/2021</i></p>																
<p>1. Article Addressed to:</p> <p><i>Hon. Duane DeLoak  Mayor of the City of  Dorshoe Bend  704 W. Commerce Street  Dorshoe Bend, AR 72512</i></p>  <p>9590 9402 8711 3310 6752 13</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>9589 0710 5270 1060 6199 56</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input checked="" type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery																	
<p style="text-align: right;">Domestic Return Receipt</p>																	

EXHIBIT 1