	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
	■ Complete items 1, 2, and 3. Also complete	A. Signature			
	item 4 if Restricted Delivery is desired.	Agent Addresses			
	Print your name and address on the reverse so that we can return the card to you.	LI Addressee			
	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery			
	1. Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No			
	Native American Heritage Commission	·			
	Environmental and Cultural Dept				
	1550 Harbor Blvd., Suite 100				
	West Sacramento, CA 95691				
	TYCSC Oddiana.	3. Service Type			
		Certified Mail			
		☐ Insured Mail ☐ C.O.D.			
		4. Restricted Delivery? (Extra Fee)			
	2. Article Number (Transfer from service label) 7017 3380	0000 4389 5710			
		eturn Receipt 102595-02-M-1540			
	CENDED CONTINUE TO THE PARTY OF				
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
	■ Complete items 1, 2, and 3. Also complete	A. Signature			
	item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	× Manu D. □ Agent □ Addressee			
	so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery			
	Attach this card to the back of the mallpiece, or on the front if space permits.	12-28-19			
	1. Article Addressed to:	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No			
	Kimberly Delgado	in real strong address bolog, and its			
	10317 Doty Ave.				
	Inglewood, CA 90303				
	ing.				
		3. Service Type			
	;	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise			
	,	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
	1	4. Restricted Delivery? (Extra Fee)			
	2. Article Number				
	(Transfer from service label) 7017 338	80 0000 4389 722£			
,	PS Form 3811, February 2004 Domestic Retu	urn Recelpt 102595-02-M-1540			
	المنافعة الم				
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
	Complete items 1, 2, and 3. Also complete	A. Signature			
	item 4 if Restricted Delivery is desired.	X. W. M. Lattar Addressee			
	Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery			
	, MATTACH this card to the back of the malipiece,	12 - 2-			
	or on the front if space permits.	D. Is delivery address different from item 1?  Yes			
	1. Article Addressed to:	If YES, enter delivery address below: ☐ No			
	و المي متعظمين بالمتدانية المداد المتداد				
	Christopher Sutton				
	586 La Loma Road				
	Pasadena, CA 91105	3. Service Type			
	,	3. Service type ☐ Certifled Mail ☐ Express Mail			
		☐ Registered ☐ Return Receipt for Merchandise			
	- · · · · · · · /	☐ Insured Mail ☐ C.O.D.			
		4. Restricted Delivery? (Extra Fee) ☐ Yes			
	2. Article Number 2012 334	ו חחחח ווכר פוכון			
	2. Article Number 7017 3380 0000 4389 7370 (Transfer from service label)				

	N.	COMPLETE THIS S	ECTION ON DE	LIVERY
■ Complete items 1, 2, and 3. Also co	mplete	A. Signature		11
Item 4 if Restricted Delivery is desired	ed.	11x /JA/	DAL	☐ Agent
Print your name and address on the so that we can return the card to yo		1 / \/\//	ANK /	Addressee
Attach this card to the back of the n		B. Received by (Pfli	ted Name)	C. Date of Delivery
or on the front if space permits.		D. Is delivery address	different from its	em 1? 🗆 Yeş
1, Article Addressed to:		If YES, enter deliv	ery address belo	ow: 🗆 No
•	\			
Ralph Davis		Advantage		
129 N. Hillcrest Bl. Unit #4				
Inglewood, CA 90301				
		3. Service Type  ☐ Certifled Mail	C Common M	. 14
		☐ Registered	☐ Express M	an celpt for Merchandise
		☐ Insured Mail	□ C.O.D.	solbi idi merenande
		4. Restricted Deliver	y? (Extra Fee)	☐ Yes
2. Article Number	7017 3	380:0000:43	145 PAF	
(Transfer from service label)				
PS Form 3811. February 2004	Domestic Re	tum Recelpt		102595-02-M-1540
SENDER: COMPLETE THIS SECTION	v i	COMPLETE THIS SE	CTION ON DEL	IVERY
Complete items 1, 2, and 3. Also cor	nplete	A. Signature	7	
item 4 if Restricted Delivery is desired	d.	lx XV		☐ Agent
Print your name and address on the so that we can return the card to you	reverse			Addressee
Attach this card to the back of the m	alipiece,	B. Begeived by (Prin	) W.	C. Date of Delivery
or on the front if space permits.		F 901	JUI ON	m 12 NYes
, Article Addressed to:		D. Is delivery address If YES, enter delive		
Lagger of the second		11 120, 0,,,0, 0,,,0	7 7	ï 7"
Gibson Dunn c/o			1 1	MII
Hollywood Park Land Company			1 //	ハレノ
333 South Grand Avenue				
Los Angeles, CA 90071-3197		3. Service Type	-	The state of the s
		☐ Certified Mail	☐ Express Ma	all
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		☐ Registered	☐ Return Rec	elpt for Merchandise
		☐ Registered ☐ Insured Mail	☐ Return Rec ☐ C.O.D.	elpt for Merchandise
		☐ Registered	☐ Return Rec ☐ C.O.D.	
	017 338	☐ Registered ☐ Insured Mail	☐ Return Rec ☐ C,O.D.	elpt for Merchandise
(Transfer from service label)		☐ Registered ☐ Insured Mail  4. Restricted Delivery	☐ Return Rec ☐ C,O.D.	elpt for Merchandise
(Transfer from service label)	017 338 Domestic Re	☐ Registered ☐ Insured Mail  4. Restricted Delivery	☐ Return Rec ☐ C,O.D.	elpt for Merchandise
PS Form 3811, February 2004	Domestic Re	☐ Registered ☐ Insured Mail 4. Restricted Delivery ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Return Rec ☐ C.O.D. /? (Extra Fee)	elpt for Merchandise  Yes  102595-02-M-1540
(Transfer from service label)	Domestic Re	☐ Registered ☐ Insured Mail 4. Restricted Delivery ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Return Rec ☐ C.O.D. /? (Extra Fee)	elpt for Merchandise  Yes  102595-02-M-1540
(Transfer from service label)  PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3.	Domestic Re	☐ Registered ☐ Insured Mail 4. Restricted Delivery ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Return Rec ☐ C.O.D. /? (Extra Fee)	Yes  102595-02-M-1540
(Transfer from service label)  PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3.  Print your name and address on the incomplete services	Domestic Re	☐ Registered ☐ Insured Mail 4. Restricted Delivery ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Return Rec ☐ C.O.D. /? (Extra Fee)	Yes  102595-02-M-1540  IVERY
Complete Items 1, 2, and 3.  Print your name and address on the so that we can return the card to you	Domestic Re	Registered Insured Mail A. Restricted Delivery Union Hade A. Restricted Delivery Union Hade Complete This Se	Return Rec C.O.D.  (Extra Fee)  7 (Extra Fee)	Yes  102595-02-M-1540  IVERY  Agent Addressee
(Transfer from service label)  PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3.  Print your name and address on the so that we can return the card to you  Attach this card to the back of the m	Domestic Re	Registered Insured Mail  4. Restricted Delivery  U U U U U U U U U  turn Receipt  COMPLETE THIS SE  A Gignature  B. Received by (Printe	CTION ON DEL	Yes  102595-02-M-1540  IVERY
(Transfer from service label)  PS Form 3811. February 2004  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3.  Print your name and address on the so that we can return the card to you  Attach this card to the back of the mor on the front if space permits.	Domestic Re  V reverse J. allpiece,	Registered Insured Mail  4. Restricted Delivery  turn Receipt  COMPLETE THIS SE  A Gignature  B Received by (Print)	Return Rec C.O.D.  (Extra Fee)  5703  GTION ON DEL	IVERY  Agent Addressee  C. Date of Delivery
(Transfer from service label)  PS Form 3811. February 2004  BENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3.  Print your name and address on the so that we can return the card to you  Attach this card to the back of the mor on the front if space permits.  City of Inglewood Parks Recreation Lib.	Domestic Re	Registered Insured Mail  4. Restricted Delivery  turn Receipt  COMPLETE THIS SE  A Gignature  B Received by (Print)	Return Rec C.O.D.  (Extra Fee)  5703  GTION ON DEL	IVERY  Agent Addressee  C. Date of Delivery
(Transfer from service label)  PS Form 3811. February 2004  BENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3.  Print your name and address on the reso that we can return the card to you  Attach this card to the back of the mor on the front if space permits.  City of Inglewood Parks, Recreation, Lib One West Manchester Boulevard, 5th Finglewood, CA 90301	Domestic Re	Registered Insured Mall  4. Restricted Delivery  U U U U U U U U U  turn Receipt  COMPLETE THIS SE  A Signature  B Received by (Print	Return Rec C.O.D.  (Extra Fee)  5703  GTION ON DEL	IVERY  Agent Addressee  C. Date of Delivery
(Transfer from service label)  PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3.  Print your name and address on the resonant we can return the card to you  Attach this card to the back of the more on the front if space permits.  City of Inglewood Parks, Recreation, Lib One West Manchester Boulevard, 5th Finglewood, CA 90301	Domestic Re	Hegistered Insured Mail  A. Restricted Delivery  Turn Receipt  COMPLETE THIS SE  A. Bignature  B. Received by (Print)  D. Is delivery address If YES enter delivery	CTION ON DEL	IVERY  Agent Addressee  C. Date of Delivery
(Transfer from service label) PS Form 3811. February 2004  BENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Print your name and address on the resort that we can return the card to you Attach this card to the back of the mor on the front if space permits.  City of Inglewood Parks, Recreation, Lib One West Manchester Bouleyard, 5th E	Domestic Re	Hegistered Insured Mail  A. Restricted Delivery  Turn Receipt  COMPLETE THIS SE  A. Bignature  B. Received by (Print)  D. Is delivery address If YES enter delivery	CTION ON DEL	IVERY  Agent Addressee  C. Date of Delivery
(Transfer from service label)  PS Form 3811, February 2004  SENDER: COMPLETE THIS SECTION  Complete Items 1, 2, and 3.  Print your name and address on the resonant we can return the card to you  Attach this card to the back of the more on the front if space permits.  City of Inglewood Parks, Recreation, Lib One West Manchester Boulevard, 5th Finglewood, CA 90301	Domestic Re	Hegistered Insured Mail  A. Restricted Delivery  Turn Receipt  COMPLETE THIS SE  A. Bignature  B. Received by (Print)  D. Is delivery address If YES enter delivery	Return Rec C.O.D.  (Extra Fee)  5703  GTION ON DEL	IVERY  Agent Addressee  C. Date of Delivery
(Transfer from service label)  PS Form 3811. February 2004  BENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3.  Print your name and address on the right so that we can return the card to you attach this card to the back of the mor on the front if space permits.  City of Inglewood Parks, Recreation, Lib One West Manchester Boulevard, 5th Finglewood, CA 90301  Attn: Sabrina Barnes, Director	Domestic Re	Registered Insured Mail  4. Restricted Delivery  4. Restricted Delivery  turn Receipt  COMPLETE THIS SE  A Signature  B Received by (Printe  D. Is delivery address If YES, enter delivery	CTION ON DEL	IVERY  Agent Addressee  C. Date of Delivery
(Transfer from service label)  PS Form 3811. February 2004  BENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3.  Print your name and address on the right so that we can return the card to you attach this card to the back of the mor on the front if space permits.  City of Inglewood Parks, Recreation, Lib One West Manchester Boulevard, 5th Finglewood, CA 90301  Attn: Sabrina Barnes, Director	Domestic Re	Hegistered Insured Mail  4. Restricted Delivery  4. Restricted Delivery  turn Receipt  COMPLETE THIS SE  A Signature  B Received by (Printe  D. Is delivery address If YES, enter delivery  3. Service Typeanana	GTION ON DEL	Ves  102595-02-M-1540  IVERY  Agent Addressee  C. Date of Delivery  m 1? Yes w: No
(Transfer from service label)  PS Form 3811. February 2004  BENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3.  Print your name and address on the right so that we can return the card to you attach this card to the back of the mor on the front if space permits.  City of Inglewood Parks, Recreation, Lib One West Manchester Boulevard, 5th Finglewood, CA 90301  Attn: Sabrina Barnes, Director	Domestic Re	Registered Insured Mail  4. Restricted Delivery  4. Restricted Delivery  turn Receipt  COMPLETE THIS SE  A Gignature  B. Received by (Print)  D. Is delivery address If YES, enter delivery  3. Service Types 030A  Adult Signature Restricte	CTION ON DEL	Priority Mall Express® Registered Mall Presser Magnet No
Complete items 1, 2, and 3.  Print your name and address on the resonant to the back of the mor on the front if space permits.  City of Inglewood Parks, Recreation, Lib One West Manchester Boulevard, 5th Finglewood, CA 90301  Attn: Sabrina Barnes, Director	Domestic Re	Registered Insured Mall  4. Restricted Delivery  4. Restricted Delivery  4. Restricted Delivery  4. Restricted Delivery  5. COMPLETE THIS SE  A Gignature  B. Received by (Printer)  D. Is delivery address If YES, enter delivery  3. Service Types0304	GRETURN Rec C.O.D.  7 (Extra Fee)  1 57 1 3  GRETURN ON DEL	elpt for Merchandise  102595-02-M-1540  102595-02-M-1540  Agent Addressee C. Date of Delivery  17  Yes w:  No  Priority Mail Express® Registered Mail Mestricte Pelivery Registered Mail Restricte Pelivery Registered Mail Restricte
City of Inglewood Parks, Recreation, Lib One West Manchester Boulevard, 5th Finglewood, CA 90301 Attn: Sabrina Barnes, Director	Domestic Re	Registered Insured Mall  4. Restricted Delivery  4. Restricted Delivery  turn Receipt  COMPLETE THIS SE  A Gignature  B. Received by (Printe  Complete Type)  B. Received B. Received B. Certifled Mall  Coffeet on Delivery  Coffeet on Delivery	CTION ON DEL	Priority Mall Express® Registered Mall Restricte
City of Inglewood Parks, Recreation, Lib One West Manchester Boulevard, Sthrift Sabrina Barnes, Director	Domestic Re	Registered Insured Mall  4. Restricted Delivery  4. Restricted Delivery  4. Restricted Delivery  5. Light of the second of the s	GRETURN REC C.O.D.  CO.O.D.  C	Priority Mall Express® Registered Mail Personalise

	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	■ 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 mallpiece, or on the front if space permits.  1. Addressed to: City of Los Angeles City Administrate 200 North Main Street Los Angeles, CA 90012 Attn: Richard Llewellyn, Interim City Admin. Off.	A. Signature  X QLOR GRAND  Addressee  B. Received by (Printed Name)  C. Date of Delivery  OLON GOLOGOS  D. Is delivery address different from item 1?   Yes  If YES, enter/delivery address below:  INCLEMOND  INCLEMOND
	9590 9402 2940 7094 2222 72  2. Article Number (Transfer from service label) 7015 0640 0005 0448 3289	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail (Serviced Delivery) □ Cotified Mail Restricted Delivery □ Cotlect on Delivery □ Insured Mail □ Insured Mail □ Insured Mail Restricted Delivery □ over \$500) □ Priority Mail Express® □ Registered Mail □ Restricted Mail □ Restricted Mail □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Restricted Delivery
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
	<u> </u>	Section 1996
·	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.  Article Addressed to:  Ms.Alexis.Lewis 2C-2019-001 2029 Century Perk.East. Suite 2079 Los Angeles, CA 90071	A. Signature  A. Signature  A. Signature  D. Agent  Addresses  B. Received by (Printed Name)  C. Date of Delivery  O/Z9//9  D. Is delivery address different from Item 1?  Yes  If YES, enter delivery address below:
	9590 9402 4876 9032 5838 27  2. Article Number (Transfer from service label)  7017 2680 0000 6133 2310	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mall® Gertified Mall® Collect on Delivery Collect on Delivery Insured Mall Insured Mall Collect on Delivery Cover \$500)  Priority Mail Express® Registered Mail* Registered Mall Restricted Delivery Signature Confirmation* Signature Confirmation* Signature Confirmation* Restricted Delivery Cover \$500)
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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