

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:

Adrienne Gaston
3509 W. 82nd St.
Inglewood, CA 90305

2. Article Number
(Transfer from service label)

7017 3380 0000 4389 7332

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

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

RECEIVED
JAN 13 2004
Planning Division

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Virginia Lawrence
2513 W 112th St.
Inglewood, CA 90303

2. Article Number
(Transfer from service label)

7017 3380 0000 4389 7318

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

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

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Erin Meadows
3695 W Scribner Lane
Inglewood, CA 90305

2. Article Number
(Transfer from service label)

7017 3380 0000 4389 7394

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

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

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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1. Article Addressed to:

Cindy Vallejo
 323 W Hillcrest Blvd. Apt #5
 Inglewood, CA 90301

2. Article Number
 (Transfer from service label)

7017 3380 0000 4389 5871

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

JAN 28 2020

D. Is delivery address different from item #1?
 If YES, enter delivery address below:

- Yes
- No

JAN 28 2020
[Signature]

3. Service Type **Planning Division**

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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1. Article Addressed to:

Don Owens
 321 W Queen St. #10
 Inglewood, CA 90301



9590 9402 3703 7335 2655 61

2. Article Number (Transfer from service label)

7017 3380 0000 4389 7172

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

DONALD OWENS

C. Date of Delivery

JAN 28 2020

D. Is delivery address different from item #1?
 If YES, enter delivery address below:

- Yes
- No

JAN 28 2020
[Signature]

3. Service Type **Planning Division**

- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Certified Mail Restricted Delivery
- Certified Mail Restricted Delivery Return Receipt for Merchandise
- Collect on Delivery Signature Confirmation™
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

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1. Article Addressed to:

County of Los Angeles, Chief Executive Office
 Sachi Hamai, Chief Executive Officer
 Chief Executive Office
 500 W. Temple Street
 Los Angeles, CA 90012



9590 9402 2538 6306 2256 28

2. Article Number (Transfer from service label)

7016 2140 0000 6916 5789

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

JAN 23 2020

D. Is delivery address different from item #1?
 If YES, enter delivery address below:

- Yes
- No

JAN 23 2020
[Signature]

3. Service Type **Planning Division**

- Adult Signature Priority Mail Express®
- Adult Signature Restricted Delivery Registered Mail™
- Certified Mail® Certified Mail Restricted Delivery
- Certified Mail Restricted Delivery Return Receipt for Merchandise
- Collect on Delivery Signature Confirmation™
- Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

SENDER: COMPLETE THIS SECTION

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- 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:

Federal Aviation Administration
 Dennis Roberts, Regional Administrator Federal
 Aviation Administration Western-Pacific Region,
 Department of Transportation
 15000 Aviation Blvd
 Lawndale, CA 90261



9590 9402 2538 6306 2255 12

2. Article Number (Transfer from service label)

7016 2140 0000 6916 5888

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name) *[Handwritten: DENNIS ROBERTS]* Addressee

C. Date of Delivery *[Handwritten: 12/31/19]*

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

[Handwritten: JAN 23, 2020]
[Handwritten Signature]

Planning Division

3. Service Type

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt