SENDER: COMPLE					
■ Complete items 1,	1	☐ Agent			
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X	☐ Addressee			
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.	B. Received by (Printed Name)	C, Date of Delivery			
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No				
Derek Steele					
882 Victor Ave. #18	,				
Inglewood, CA 90302					
1 · 1	3. Service Type Certifled Mail Express	Mali			
! <u>.</u>	☐ Registered ☐ Return F	Receipt for Merchandise			
	☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	□ Yes			
2. Article Number 70127 3	380 0000 4389 575				
(Transfer from service label)	eturn Receipt	102595-02-M-1540			
PS Form 3811. February 2004 Domestic Re	statti neveibi	annon annon vindra sa managampun aydi dalabing ganta fura and Panaga			
1/4					
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY			
Complete items 1, 2, and 3.	A. Signature				
Print your name and address on the reverse so that we can return the card to you.	X	☐ Agent (☐ Addressee ☐			
Attach this card to the back of the malipiece,	B. Received by (Printed Name)	C. Date of Delivery			
or on the front if space permits.		2/g/20 tem 12 1 Yes			
1. Article Addressed to: Cabrieleno Band of Mission Indian	D. Is delivery address different from it If YES, enter delivery address be	low: No			
Andrew Salas, Chairman	· .	}			
P.O. Box 393					
Covina, CA 91723					
	<u>-</u>				
*		Priority Mail Express®			
	☐ Adult Signature Restricted Delivery	I Registered Mali™ I Registered Mali Restricted			
9590 9402 2940 7094 2202 61		Delivery I Return Receipt for Merchandise			
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐	J Signature Confirmation™ I Signature Confirmation			
7007 3020 0000 3250 1473	Insured Mail Insured Mail Restricted Delivery (over \$500)	Restricted Delivery			
PS Form 3811, July 2015 PSN 7530-02-000-9053		mestic Return Receipt			
		-			
To the Park	\$ 9000000000000000000000000000000000000				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ELIVERY			
Complete items 1, 2, and 3.	A. Signature	WHOM .			
Print your name and address on the reverse	$\ \mathbf{x}\ $	☐ Agent ☐ Addressee			
so that we can return the card to you. Attach this card to the back of the mallplece,	B. Received by (Printed Name)	C. Date of pelivery			
or on the front if space permits.	Carles	23			
1. Article Addressed to: Gabrielino/Tongva Nation	D. Is delivery address different from If YES, enter delivery address be				
Gabrielino/Tongva Nation Sandonne Goad, Chairperson	" test anna dental andicas pe				
106 1/2 Judge John Aiso St. 231					
Los Angeles, CA 90012					
•					
1 2 2 2 2 2 2 2 2 2	3. Service Type	The arts & arts was			
	☐ Adult Signature [⊒ Priority Mail Express® ⊒ Registered Mail™ ⊒ Registered Moil Registered			
9590 9402 2940 7094 2202 30	☐ Certified Mail®	I Registered Mall Restricted Delivery			
	☐ Collect on Delivery	☐ Return Receipt for Merchandise ☐ Signature Confirmation™			
2. Article Number (Transfer from service label)		Signature Confirmation Signature Confirmation Restricted Delivery			
PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500)				
PS FORM 35 LL .100/ 2015 PSM 7530-02-000-9053	A. Do	mestic Return Receipt			

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: Gabrieleno/Tongva San Gabriel Band of Missions Indians Anthony Morales, Chairperson P.O. Box 693

San Gabriel, CA 91778



2. Article Number (Transfer from service label)

3020 0000 3250

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CACO

A (6): - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
A Signature	☐ Agent ☐ Addressee
B. Received by (Plinted Name)	C. Date of Delivery
6 Jahren	
D is delivery address different from its	em 12 Yes

- D. Is delivery address different from Item 1?
- If YES, enter delivery address below:

- Service Type ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery ☐ Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery ☐ Collect on Delivery Restricted Delivery
- insured Mali ☐ Insured Mall Restricted Delivery (over \$500)

☐ Priority Mail Express® ☐ Registered Mail™

TI No

- ☐ Registered Mail Restricts Delivery
- ☐ Return Receipt for Merchandise ☐ Signature Confirmation[®]
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7630-02-000-9053

Domestic Return Receipt