SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X EM
so that we can return the card to you.	B. Regived by (Printed Name) C. Date of Delive
Attach this card to the back of the mailpiece, or on the front if space permits.	177 RL813 C19
Article Addressed to:	D. Is delivery address different from item 1?  Yes
rin Meadows	If VES enter delivery address below: This
695 W Scribner Lane	in 120, enter delivery, application.
nglewood, CA 90305	CARRIER CARRIER
- 81100a, 0/4 50303	
DI 00 00 10 100 1 100 1 1 100 1 1 100 1 1 10 11	3. Service Type 2998 USP5 ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™
2 9590 9402 5707 9346 9078 98	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Delivery
# 9390 9402 3707 9340 9070 90	☐ Certifled Mall Restricted Delivery ☐ Return Receipt for Merchandise
Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
7019 2970 0001 4526 2562	ed Mail Restricted Delivery Restricted Delivery \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Recel
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	☐ Agent☐ Addresson
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delive
Attach this card to the back of the mailpiece,	7-17-20
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
David Escober	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
10310 Doty Ave.	
Inglewood, CA 90303	3. Service Typen 30 4.
- B	☐ Certifled Mali ☐ Express Mall
	☐ Registered ☐ Return Receipt for Merchandis
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 701	9 2970 0001 4526 2753
(Transfer from service label)	
PS Form 3811, February 2004 Domestic Ro	eturn Recelpt 102595-02-M-15
N-101-2-1	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete Items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	* ON A Address
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name)   C. Date of Delive
or on the front if space permits.	
Article Addressed to:	D. Is delivery address different from item 1?  Yes
Nina Harawa	If YES, enter delivery address below: No
339 E. Hillsdale St.	5-000
	Face   Face
Inglewood, CA 90302	
1	3. Service Type   Priority Mail Express®
	Adult Signature     Adult Signature     Registered Mail*     Registered Mail*     Registered Mail Restricted Delivery

9590 9402 5707 9346 9078 74

□ Adult Signature Restricted Deliver
 □ Certified Mall®
 □ Certified Mall Restricted Delivery
 □ Collect on Delivery

Registered Mail Restricts
 Delivery
 Return Receipt for
 Merchandise

so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed for.  Public Counsel c/o Uplift Inglewood 610 S. Ardmore Ave.  Los Angeles, CA 90005  3. Service Type  Goldest on Delivery address below:  PS 590 9402 5707 9346 9078 81  SENDER: complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  A stiggetime  SENDER: complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  A tatch this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed to:  PS Form 3811, July 2015 PSN 7530-02-000-9033  SENDER: complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  A tatch this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed to:  SENDER: complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  PS Form 3811, July 2015 PSN 7530-02-000-9033  Domestic Return In Section Delivery address below:  PS Form 3811, July 2015 PSN 7530-02-000-9033  Domestic Return In Section Delivery address below:  SENDER: complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  PS Form 3811, July 2015 PSN 7530-02-000-9033  Domestic Return In Section Delivery address below:  SENDER: complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  PS Form 3811, July 2015 PSN 7530-02-000-9033  Domestic Return In Section Delivery address below:  SENDER: complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  PS Form 3811, July 2015 PSN 7530-02-000-9033  Domestic Return In Section Delivery address below:  SENDER: complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  PS Form 3811, July 2015 PSN 7530-02-000-9033  Domestic Return In Section Delivery address below:  Sender Type Section Type Section Type Sect	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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Public Counsel c/o Uplift Inglewood 610 S. Ardmore Ave. Los Angeles, CA 90005    Ward		
Service Type		D. Is delivery address different from item 1? Yes
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Los Angeles, CA 90005    Service Type		
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PS Form 3811, July 2015 PSN 7830-02-000-9083    Complete items 1, 2, and 3.   Printity Out and Service label)   Control to Delivery   Control to Delivery	9590 9402 5707 9346 9078 81	☐ Certified Mall Restricted Delivery ☐ Return Receipt for
PS Form 3811, July 2015 PSN 7530-02-000-9053    Complete items 1, 2, and 3.	The sector from contine lebell	
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■ Complete items 1, 2, and 3.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach his card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Cassandra Gaston  3501 W. 82nd St.  Inglewood, CA 90305  ■ Service Type    Addressed fiftie in the mailpiece item 4 if Restricted Delivery   Cartifled Mail Restricted Delivery   Cattled Number (Transfer from service label)   Point Mail Expensive   Caster on Delivery Pastricted Delivery   Cattled Number (Transfer from service label)   PS Form 3811, July 2015 PSN 7530-02-000-9053  ■ 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:  Don Owens  321 W Queen St. #10  Inglewood, CA 90301  ■ Captiled Mail   Express Mail   Co.D.  4. Restricted Delivery (Extra Fee)   Ye.    Captiled Mail   Co.D.   Restricted Delivery address below:   No.      Captiled Mail   Co.D.   Restricted Delivery address below:   No.      Captiled Mail   Co.D.   Restricted Delivery (Extra Fee)   Ye.      Restricted		Domestic Naturn Nec
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Cassandra Gaston 3501 W. 82nd St. Inglewood, CA 90305  ##YES, enter delivery address below:   No 3501 W. 82nd St. Inglewood, CA 90305  ##YES, enter delivery address below:   No 3501 W. 82nd St. Inglewood, CA 90305  ##YES, enter delivery address below:   No 3501 W. 82nd St. Inglewood, CA 90305  ##YES, enter delivery address below:   No 3501 W. 82nd St. Inglewood, CA 90305  ##YES, enter delivery address below:   No 9590 9402 5707 9346 9079 42    Add Signature   Printy Mail Expendent Melivery   Registered Melivery   Registere		D. Is delivery address different from Item 1? Yes
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Don Owens 321 W Queen St. #10 Inglewood, CA 90301  3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merce Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  2. Article Number  7019 2970 0001 4524 2784		D. Is delivery address different from item 17 La 168
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