

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:

Andrew Gerson
P.O. Box 735
Harbor City, CA 90710

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Andrew Gerson* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
7-15-01

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

7016 2140 0000 6914 6979

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081

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:

Andrew Salas, Chairman
Gabrieleno Band of Mission Indians-
Kizh Nation
P.O. Box 393
Covina, CA 91723

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Andrew Salas* 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

7016 2140 0000 6914 6894

PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-P-4081