

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Paula M. Good</i> C. Date of Delivery <i>11/20/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Attn: Policy & Planning Unit Los Angeles Housing Department 1200 W 7th St, 9th Floor Los Angeles, CA 90017 Mail Stop 958</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2120 0003 7896 8918</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Adrian Scott Fine Los Angeles Conservancy 523 W 6th St, suite 826 Los Angeles, CA 90014</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2120 0003 7896 8529</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Melissa Becker CA Regional Water Quality Control Board 320 W. 4th St., Suite 200 Los Angeles, CA 90013</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2120 0003 7896 8420</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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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:

Attn: Mercedes Marquez
 Los Angeles Housing Department
 1200 W 7th St, 9th Floor
 Los Angeles, CA 90017 Mail Stop 958

2. Article Number
 (Transfer from service label)

7014 2120 0003 7896 8901

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
[Signature]
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery *7/20/14*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tom Erb
 Department of Water and Power Water
 Systems, Water Supply Assessment
 111 N. Hope St., Room 1460
 Los Angeles, CA 90012

2. Article Number
 (Transfer from service label)

7014 2120 0003 7896 8741

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
[Signature]
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

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:

Mr. Charles C. Holloway (Supervisor of
 Environmental Assessment)
 Department of Water and Power
 111 North Hope Street, Room 1044
 Los Angeles, CA 90012 Mail Stop: 800

2. Article Number
 (Transfer from service label)

7014 2120 0003 7896 8772

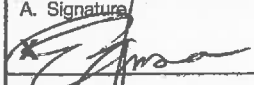
PS Form 3811, July 2013

Domestic Return Receipt

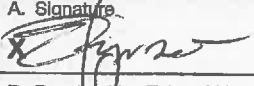
COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
[Signature]
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

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<p>1. Article Addressed to:</p> <p>Jim Doty Bureau of Engineering, Env. Group 1149 S. Broadway, 6th Floor, Suite 600 Los Angeles, CA 90015-2213 Mail Stop 939</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7014 2120 0003 7896 8888</u></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Karen Coca - Env. Affairs Officer Bureau of Sanitation- Solid Waste Div. 1149 South Broadway, 10th Floor <u>5TH FL.</u> Los Angeles, CA 90015 Mail Stop 944</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7014 2120 0003 7896 8796</u></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Dan Meyers - Civil Engineer Bureau of Sanitation- Solid Waste Div. 1149 South Broadway, 10th Floor <u>5TH FL.</u> Los Angeles, CA 90015 Mail Stop 944</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7014 2120 0003 7896 8789</u></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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- 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:

Ron Lorenzen
 Dept. of Public Works Urban Forestry
 Division
 1149 South Broadway Street, 4th Floor
 Los Angeles, CA 90015

2. Article Number
 (Transfer from service label)

7014 2120 0003 7896 8864

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
 11/20
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below. No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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:

Los Angeles Unified School District
 Office of Env. Health & Safety
 333 S. Beaudry Ave., 20th Floor
 Los Angeles, CA 90017

2. Article Number
 (Transfer from service label)

7014 2120 0003 7896 8598

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
 NOV 2014
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below. No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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:

Gwen Godek
 Los Angeles Unified School District Office of
 Env. Health & Safety
 333 S. Beaudry Ave., 28th Floor
 Los Angeles, CA 90017

2. Article Number
 (Transfer from service label)

7014 2120 0003 7896 8604

PS Form 3811, July 2013


Domestic Return Receipt

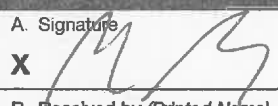
COMPLETE THIS SECTION ON DELIVERY


- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
 NOV 2014
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below. No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Daniel Hackney – Env. Supervisor Bureau of Sanitation- Solid Waste Div. 1149 South Broadway, 10th Floor 5TH FL Los Angeles, CA 90015 Mail Stop 944	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0003 7896 8802		
PS Form 3811, July 2013		Domestic Return Receipt

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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
County of Los Angeles Department of Regional Planning Impact Analysis Section 320 W. Temple St., Room 1348 Los Angeles, CA 90012	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0003 7896 8536		
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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Stephanie DeWolfe Director, Community Development Department City of West Hollywood 8300 Santa Monica Blvd. West Hollywood, CA 90069	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2120 0003 7896 8543		
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	B. Received by (Printed Name) <i>W. Daniel</i>	C. Date of Delivery
1. Article Addressed to: James B. McDaniel (Water Systems) Dept. of Water & Power 111 N. Hope St., Room 1455 Los Angeles, CA 90012 Mail Stop 800	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 2120 0003 7896 8765	
PS Form 3811, July 2013 Domestic Return Receipt		

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	B. Received by (Printed Name) <i>W. Giese</i>	C. Date of Delivery
1. Article Addressed to: Jodean M. Giese (Power Systems) Dept. of Water & Power 111 N. Hope St., Room 1121 Los Angeles, CA 90012 Mail Stop 800	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 2120 0003 7896 8734	
PS Form 3811, July 2013 Domestic Return Receipt		

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	B. Received by (Printed Name) <i>Corine Maher</i>	C. Date of Delivery
1. Article Addressed to: SCAG Attn: Inter-governmental Review Section 818 W. 7th St, 12th Floor Los Angeles, CA 90017-3435	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 2120 0003 7896 8437	
PS Form 3811, July 2013 Domestic Return Receipt		