■ 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: Office of the Mayor External Affairs Heather Repenning, Director 200 N. Spring St., Room 303 Los Angeles, CA 90012 3. Service Type □ Certified Maill □ 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 eard to you. ■ Attach this card to the back of the mailplece, or on the front if space permits. COMPLETE THIS SECTION ON DELIVERY A Signature X □ Add Address Signature X □ Address Signature X □ Address Signature A Signature A Signature COMPLETE THIS SECTION ON DELIVERY A Signature A Signatur
200 N. Spring St., Room 303 Los Angeles, CA 90012 3. Service Type Certified Mail® Resturn Receipt for Merch Insured Mall Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) PS Form 3811, July 2013 Domestic Return Receipt 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 malipiece, or on the front if space permits. 1. Article Addressed to: Hollywood Hills West Neighborhood Council 7095 Hollywood Blvd., Suite #1004 Hollywood, CA 90028 3. Service Type Certified Mail® Priority Mail Express® Registered Return Receipt for Merch Section On DeLivery A. Signature X A. Signature A. Signature X A. Signature
SENDER: COMPLETE THIS SECTION
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 mallpiece, or on the front if space permits. 1. Article Addressed to: Hollywood Hills West Neighborhood Council 7095 Hollywood Blvd., Suite #1004 Hollywood, CA 90028 3. Service Type Certified Mail® Priority Mall Express® Return Receipt for Merchal Insured Mall Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes Complete this Section on Delivery A. Signature X B. Received by (Printed Name) C. Date of D NOV A 2014 NOV A 2014 Restricted Delivery address below: No NOV A 2014 Restricted Delivery? (Extra Fee) Yes
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 mallpiece, or on the front if space permits. 1. Article Addressed to: Hollywood Hills West Neighborhood Council 7095 Hollywood Blvd., Suite #1004 Hollywood, CA 90028 3. Service Type Certified Mail* Priority Mall Express* Registered Return Receipt for Merchell Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 2. Article Number
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 mallpiece, or on the front if space permits. 1. Article Addressed to: Hollywood Hills West Neighborhood Council 7095 Hollywood Blvd., Suite #1004 Hollywood, CA 90028 3. Service Type Certified Mail* Priority Mall Express* Registered Return Receipt for Merche Insured Mall Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 2. Article Number
1. Article Addressed to: D. Is delivery address different from item 1? Yes If YES, enter delivery address below: NOV 4 2014 NOV 4 2014 NOV 4 2014 NOV 6 4 2014 NOV 6 4 2014 NOV 6 4 2014 NOV 6 8 2014 NOV 6 8 2014 NOV 6 90028 3. Service Type Certified Mail® Priority Mail Express® Registered Return Receipt for Merchell Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number
☐ Registered ☐ Return Receipt for Mercha ☐ Insured Mall ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number
(Transfer from service label)
PS Form 3811, July 2013 Domestic Return Receipt
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 mallplece, or on the front if space permits. Article Addressed to: D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No Melanie Beck, Outdoor Recreation Planner Santa Monica Mtns. National Rec. Area
National Park Service 401 W. Hillcrest Dr. Thousand Oaks, CA 91360 3. Service Type □ Certified Mail* □ Priority Mail Express** □ Registered □ Return Receipt for Merchate □ Insured Mail □ Collect on Delivery 4. Restricted Delivery? (Extra Fee) □ Yes

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 mailplece, or on the front if space permits. 	A. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Andy Niknafs (Water Systems Master Planning Group) Department of Water and Power	
111 N. Hope St., Room 1348 Los Angeles, CA 90012	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 21	120 0003 7896 8758
PS Form 3811, July 2013 Domestic R	eturn Recelpt
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 so that we can return the card to you. 	X Grant Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mallplece, or on the front if space permits.	DOE 4 Pulland
1. Article Addressed to:	D. is delivery address different from item 1? Yes if YES, enter delivery address below: O No
L.A. Co. Dept. of Public Works Planning Division	A O S
900 S. Fremont Ave., 11th Floor Alhambra, CA 91803	3. Service Type ☐ Certified Mall* ☐ Priority Wall Express* ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 2	120 0003 7896 8567
PS Form 3811, July 2013 Domestic Re	leturn Recelpt
SENDED COLOR FOR THE SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION 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 so that we can return the card to you.	X 9 MM Addressee
Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery THOFF MANN
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Los Angeles County Engineer Sanitation District, Chief Engineer	B C. 3
	3. Service Type
1955 Workman Mill Road Whittier, CA 90601	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
· · · · · · · · · · · · · · · · ·	☐ Registered ☐ Return Receipt for Merchandise
Whittier, CA 90601	☐ Registered ☐ Return Recelpt for Merchandise ☐ Insured Mail ☐ Collect on Delivery

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	X Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	11/20/14
Article Addressed to:	D. Is delivery address different from item 1? Description of Yes, enter delivery address below:
County Clerk – Registrar-Recorder	REGISTRAR-RECORDING COUNTY CLEAK
County of Los Angeles	RECEIVED BY: MAIL CENTER
12400 Imperial Hwy. PO Box 53592	
Norwalk, CA 90650	3. Service Type ☐ Certifled Mail® ☐ Priority Mail Express™
(DUPLICATE) (\$75.00 Fee)	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 212 (Transfer from service label)	0 0003 7896 8697
PS Form 3811, July 2013 Domestic R	Return Receipt
The second secon	
ENDER: 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	X Addressee
so that we can return the card to you.	B. Received by (PrInted Name) C. Date of Delivery
Attach this card to the back of the mailplece, or on the front if space permits.	D to delivery address different from item 12 Yes
. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Dianna Watson	
Cal Trans Planning - District 7 IGR/CEQA	
Program Manager	3. Service Type
Transportation Planning Office, 1-1-C	☐ Certified Mail® ☐ Priority Mail Express™
100 S. Main St. Los Angeles, CA 90012	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Added Number	2120 0003 7896 8475
2. Article Number 7 114 2 (Transfer from service label)	. 750 0002 10 10 0 113
PS Form 3811, July 2013 Domestic Re	letum Receipt
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	X Addressee
so that we can return the card to you.	B. Received by Printed Name) C. Date of Delivery
Attach this card to the back of the mallpiece, or on the front if space permits.	FIV.
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	in red, once, donter, desired,
City Planning Commission	
Department of City Planning Commission	
Office	
200 North Spring St., Room 272	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™
Los Angeles, CA 90012	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014	2120 0003 7896 8840
(Transfer from service label)	

	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Signature
 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. 	B. Received by (Printed Name) C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Edgar Garcia Office of Historic Resources 200 N. Spring St., Room 620	
Los Angeles, CA 90012 Mail Stop 395	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7 1 1 4	2120 0003 7896 8871
PS Form 3811, July 2013 Domestic R	Return Recelpt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Signature Agent Addressed
 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. 	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
Office of the Mayor Economic Development Kelli Bernard 200 N. Spring St., Room 1300	
Los Angeles, CA 90012	3. Service Type ☐ Certified Mall® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7 1 1 4 (Transfer from service label)	2120 0003 7896 8956
	Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
I. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
City of Los Angeles Police Department Crime Prevention Unit 100 W. 1st St., Room 250	
Los Angeles, CA 90012 Mail Stop 400	3. Service Type Certified Mail® Priority Mail Express® Registered Return Receipt for Merchandis® Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 2	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A Signature X D Q Printed Name) C. Date of I
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	D. Is delivery address different from item 1?
Department of Toxic Substances Control Chatsworth Regional Office	If YES, enter delivery address below: ☐ No
9211 Oakdale Ave Chatsworth, CA 91311-6505	3. Service Type Certified Mail® Priority Mail Express™ Registered Return Receipt for Merci
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7014 21((Transfer from service label)	20 0003 7896 8468
PS Form 3811, July 2013	C. seipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X
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 D
Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
Building and Safety Department 201 N. Figueroa St., Room 1030 Los Angeles, CA 90012 Mail Stop 115	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merch ☐ Insured Mail ☐ Collect on Delivery
2. Article Number 7014	4. Restricted Delivery? (Extra Fee) ☐ Yes 1 2120 0003 7894 8642
(Transfer from service label)	, caed 3003 (010 0042
PS Form 3811, July 2013 Domestic Re	eturn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	B. Received by (Printed Name) C. Date of De
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Melinda Gejer Department of Recreation & Parks 221 N. Figueroa St., 1st floor	
Los Angeles, CA 90012	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™
Mail Stop 625/11	☐ Registered ☐ Return Receipt for Merchan ☐ Insured Mail ☐ Collect on Delivery

Print your name and address on the reverse so that we can return the card to you.	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Department of Recreation and Parks 221 N. Figueroa St., 2nd floor Los Angeles, CA 90012 Mail Stop 682 Certified Mail Priority Mail Express* Registered Return Receipt for Merchau Collect on Delivery	 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 mailplece, or on the front if space permits. 	Br. Received by (Printed Alame) 2. Date of Del D. Is delivery address different from Item 1? Yes
2. Article Number (Thansfer from service label) PS Form 3811, July 2013 Domestic Return Receiver Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Department of Recreation and Parks 221 N. Figueroa St., 2nd floor Los Angeles, CA 90012	☐ Certified Mall ⁶ ☐ Priority Mall Express ³⁶ ☐ Registered ☐ Return Receipt for Merchan
SENDER: COMPLETE THIS SECTION		
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 mallplece, or on the front if space permitts. CEQA (Env. Review & Permitting) CA Dept. of Fish and Wildlife-South Coast 3883 Ruffin Road San Diego, CA 92123 Service Typs Certified Mail* Registered Insured Mail Collect on Delivery (Irrarsfer from service label) PS Form 3811, July 2013 Domestic Return Receipt SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Receipt of 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 mallpiece, or on the front if space permits. COMPLETE THIS SECTION ON DELIVERY A. Signature Receipt of 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 mallpiece, or on the front if space permits. Article Addressed to: Honorable Zev Yaroslavsky County Supervisor, 3rd District Van Nuys District Office		20 0003 7896 8932
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 mallplece, or on the front if space permits. 1. Article Addressed to: CEQA (Env. Review & Permitting) CA Dept. of Fish and Wildlife-South Coast 3883 Ruffin Road San Diego, CA 92123 Certified Mail* Printy your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallplece, or on the front if space permits. Agent Address Agent Address B. Received by (Panted Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No No 2 1 2014 Service Type 3. Service Type Yes Gertified Mail* Printly Mail Express* Received Delivery? (Extra Fee) Yes PS Form 3811, July 2013 Domestic Return Receipt 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: No Honorable Zev Yaroslavsky County Supervisor, 3rd District Van Nuys District Office		Return Receins
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 mallplece, or on the front if space permits. 1. Article Addressed to: CEQA (Env. Review & Permitting) CA Dept. of Fish and Wildlife-South Coast 3883 Ruffin Road San Diego, CA 92123 Carticle Number (Transfer from service label) PS Form 3811, July 2013 Domestic Return Receipt Agent Agent Address A Signature Agent Address A Service Type Cartified Mail* Priority Mell Express* Registered Return Receipt Priority M	SENDED, COMPLETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: CEQA (Env. Review & Permitting) CA Dept. of Fish and Wildlife-South Coast 3883 Ruffin Road San Diego, CA 92123 3. Service Type Certified Mail* Priority Mail Express* Registered Return Receipt for Merchand Insured Mail* Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) PS Form 3811, July 2013 Domestic Return Receipt 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: Honorable Zev Yaroslavsky County Supervisor, 3rd District Van Nuys District Office If YES, enter delivery address below: No	 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 mallplece, 	B. Received by (Printed Name) C. Date of Deliv
San Diego, CA 92123 3. Service Type Certified Mail* Priority Mail Express* Return Receipt for Merchand Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) PS Form 3811, July 2013 Domestic Return Receipt 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. 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. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No No No	CEQA (Env. Review & Permitting) CA Dept. of Fish and Wildlife-South Coast	If YES, enter delivery address below: No
PS Form 3811, July 2013 Domestic Return Receipt		☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ Collect on Delivery
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. Received by (Printed Name) C. Date of Delivery address different from item 1? 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. Received by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below: No	1011	2120 0003 7896 8482
■ 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: Honorable Zev Yaroslavsky County Supervisor, 3rd District Van Nuys District Office		eturn Receipt
■ 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: Honorable Zev Yaroslavsky County Supervisor, 3rd District Van Nuys District Office	CENDED COMMITTEE TO COMMITTEE T	
Honorable Zev Yaroslavsky County Supervisor, 3rd District Van Nuys District Office	 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, 	A. Signature X / Agent Addresse B. Received by (Printed Name) C. Date of Deliver
County Supervisor, 3rd District Van Nuys District Office	1. Article Addressed to:	
Van Nuys, CA 91401 ☐ Certified Mail® ☐ Priority Mail Express™	County Supervisor, 3rd District Van Nuys District Office 14340 Sylvan Street, Suite A	Registered Return Receipt for Merchandis Collect on Delivery
2. Article Number 7014 2120 0003 7896 8703	711.11 21.	## N

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
(Transfer from service label)	A. Signature X
Rachel Kwok, Environmental Planner Strategic & Transportation Planning 1685 Main Street, Room 212 PO Box 2200 Santa Monica, CA 90407	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)
2. Article Number 7014 23	120 0003 789L 882L
(Transfer from service label) PS Form 3811, July 2013 Domestic Re	etum Receipt
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. Article Addressed to: Rosi Dagit Resource Conservation District of the Santa Monica Mountains P.O. Box 638 Agoura Hills, CA 91376-0638	A. Signature X. Agent Addressee B. Received by (Printed Name) D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:
P.O. Box 638 Agoura Hills, CA 91376-0638	☐ Certifled Mall® ☐ Priority Mall Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	2120 0003 7896 8611
70 F 2011 Ust 2012	turn Boselpt

PS Form 3811, July 2013

Domestic Return Receipt

A	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	B. Received by Printed Name C. Date of Delir
Article Addressed to:	D. Is delivery address different from item 1? Yes if YES, enter delivery address below:
Mr. Suk Chong L.A. Co. Dept. of Public Works Land Development Division	10V 20 2014 S
P.O. Box 1460 Alhambra, CA 91802-1460	3. Service Type ☐ Certified Mall® ☐ Priority Mall Express™ ☐ Registered ☐ Reum Receipt for Merchand ☐ Insured Mall ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014	2120 0003 7896 8574
PS Form 3811, July 2013 Domestic	c Return Receipt
	COMPLETE THIS SECTION ON DELIVERY
 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 mailplece, or on the front if space permits. 	A. Signature A. Signature Agent Address B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes tf YES, enter delivery address below: No
Suzanne Goode CA Dept of Parks and Recreation 1925 Las Virgenes Road Calabasas, CA 91302	3. Service Type ☐ Certified Mail* ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7 0 1	4 2120 0003 7896 8505
	Return Receipt
 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. 	A. Signature A. Signature A. Signature Address B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below: No
Hydrant and Access Unit City of Los Angeles Fire Department 221 N Figueroa St., Ste. 1500	2/2 5/5
Hydrant and Access Unit City of Los Angeles Fire Department	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandle ☐ Insured Mail ☐ Collect on Delivery
Hydrant and Access Unit City of Los Angeles Fire Department 221 N Figueroa St., Ste. 1500	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandl. ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes