

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:

9-18-2013 Case No. 122526
Shadrach LLC
7582 Las Vegas Blvd. S., #228
Las Vegas, NV 89123-1009

2. Article Number
(Transfer from service label)

7012 0470 0000 9891 1904

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

RECEIVED
CITY CLERK

☐ 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

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

EC: 89181631295 *0194-8855-07-48

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

0009/07/13 891 DC 1 NIXIE

Las Vegas NV 89123-1009

7582 Las Vegas Blvd. S., #228

Shadrach LLC

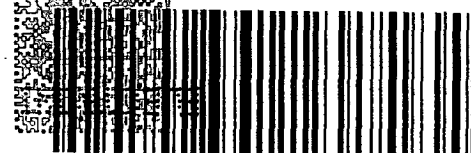
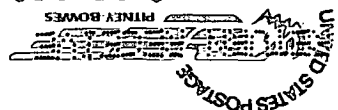
Case No. 122526 9-18-2013

RECEIVED
CITY CLERK

SEP 10 A 11: 16

MAILED PM ZIP CODE 89101
SEP 05 2013

\$ 06.08



CERTIFIED MAIL

CITY of LAS VEGAS

OFFICE OF THE CITY CLERK

CITY HALL

495 S. MAIN STREET

LAS VEGAS, NEVADA 89101

ANY