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. 126814
Frank & Stephanie Wilson FAM TR
10530 Canon Perdido Street
Las Vegas, NV 89141-4269

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
9/6/13

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

2013 SEP -9 A 8:

RECEIVED
CITY CLERK

Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service lat...
7012 0470 0000 9891 1959

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540