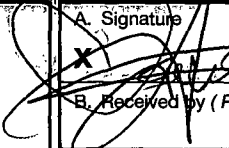


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
☒ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☒ Print your name and address on the reverse so that we can return the card to you. ☒ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>9/6/13</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
1. Article Addressed to: 9-18-2013 Case No. 126814 Frank & Stephanie Wilson FAM TR 10530 Canon Perdido Street Las Vegas, NV 89141-4269		Service Type ☐ Certified Mail ☒ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☒ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PSI Form 3811, February 2004		Domestic Return Receipt	
7012 0470 0000 9891 1959		102595-02-M-1540	

RECEIVED
CITY CLERK
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