

**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: \_\_\_\_\_

2/19/2014 Case No. 133701  
 Trustee Clark County Treasurer  
 c/o Arlee Anderson  
 1632 L Street  
 Las Vegas, Nevada 89106-2427

2. Article Number  
(Transfer from service label)

7008 1830 0004 3174 9449

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **RECEIVED CITY CLERK**  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery **2014 FEB 11 P 2:29**

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

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

RC: 89101631895 \* 0294-03391-06-38  
 891 DE 1260 0002706/14

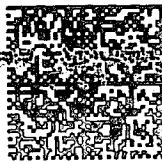
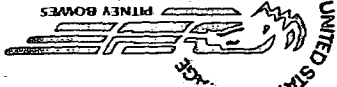
NO SUCH NUMBER  
 RETURN TO SENDER  
 UNABLE TO FORWARD

2/19/2014 Case No. 133701  
 Trustee Clark County Treasurer  
 c/o Arlee Anderson  
 1632 L Street  
 Las Vegas, Nevada 89106-2427

RECEIVED CITY CLERK

2014 FEB 11 P 2:21

MAILED FEB 05 2014  
 0004219278  
 460



CERTIFIED MAIL™

7008 1830 0004 3174 9449

CITY OF LAS VEGAS  
 OFFICE OF THE CITY CLERK  
 CITY HALL  
 495 S. MAIN STREET  
 LAS VEGAS, NEVADA 89101