

**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:

1-9-2013 Case #71580  
Trustee Clark County Treasurer  
c/o Gina Rice  
4027 West 61<sup>st</sup> Street  
Los Angeles, CA 90043-3604

2. Article Number:

(Transfer from service label)

7011 2000 0001 1318 0841

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ 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)

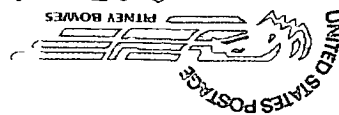
☐ Yes

2012 JAN -2 P 1:01

BC: 89101631895  
UNABLE TO FORWARD  
ATTEMPTED NOT KNOWN  
RETURN TO SENDER  
917 FE 1  
00 12/28/12

1-9-2013 Case #71580  
Trustee Clark County Treasurer  
c/o Gina Rice  
4027 West 61<sup>st</sup> Street  
Los Angeles, CA 90043-3604

7011 2000 0001 1318 0841  
MAILED FROM ZIP CODE 89101  
02 1M  
\$05.72  
DEC 20 2012  
0004279218



**CERTIFIED MAIL**

**CITY of LAS VEGAS**

OFFICE OF THE CITY CLERK

CITY HALL

495 S MAIN STREET

LAS VEGAS, NEVADA 89101