

S.V

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:

VAC-69194
 County of Clark (Administrative)
 500 S Grand Central Parkway, 5th Floor
 Las Vegas, NV 89155

5-17-2017 CC (AD)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X **CLARK COUNTY MAIL SERVICES** Agent
 Addressee

B. Received by (Printed Name)
 309 SOUTH 3RD
 LAS VEGAS, NV 89155

C. Date of Delivery
 MAY - 3 2017
 RECEIVED
 CITY CLERK

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

2. 7014 1200 0001 1202 9385

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

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

VAC-69194
 Desert Alta LLC
 6450 Spring Mountain Road, No. 12
 Las Vegas, NV 89146-8836

(AD)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Verbe* Agent
 Addressee

B. Received by (Printed Name)
 Verbe

C. Date of Delivery
 5/17/17

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

2. 7014 1200 0001 1202 9361

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

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1. Article Addressed to:

VAC-69194
 Reich Series LLC
 3145 Waterside Circle
 Las Vegas, NV 89117-2275

(AD)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* 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

2. 7014 1200 0001 1202 9347

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

S.V

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- 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:

VAC-69194
 County of Clark (Administrative)
 500 S Grand Central Parkway
 Las Vegas, NV 89155
 5-17-2017 CC (AD)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X CLARK COUNTY MAIL SERVICES Agent
 309 SOUTH 3RD
 LAS VEGAS, NV 89155
 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

2. 7014 1200 0001 1202 9392

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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1. Article Addressed to:

VAC-69194
 City of Las Vegas
 333 N Rancho Drive, 8th Floor
 Las Vegas, NV 89106
 (AD)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Ramone Camarillo Agent
 RAMONE CAMARILLO
 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

2. 7014 1200 0001 1202 9415

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VAC-69194
 County of Clark (RPM)
 500 S Grand Central Parkway, 4th Floor
 P O Box 551825
 Las Vegas, NV 89155
 (AD)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X CLARK COUNTY MAIL SERVICES Agent
 309 SOUTH 3RD
 LAS VEGAS, NV 89155
 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

2. 7014 1200 0001 1202 9378

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Lisa Leon</i></p> <p>B. Received by (Printed Name) <i>Lisa Leon</i></p> <p>C. Date of Delivery <i>5-27</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>VAC-69194</p> <p>State of Nevada 1263 S Stewart Street Carson City, NV 89712</p> <p>Parcel 13933307003 <i>and " - 002</i></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. 7014 1200 0001 1202 9323</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee CLARK COUNTY MAIL SERVICES <i>309 SOUTH 3RD</i></p> <p>B. Received by (Printed Name) <i>LAS VEGAS, NV 89155</i></p> <p>C. Date of Delivery <i>5-17-2017</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>VAC-69194</p> <p>County of Clark (Administrative) 500 S Grand Central Parkway, 5th Floor P O Box 551825 Las Vegas, NV 89155</p> <p><i>5-17-2017 CC</i></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. 7014 1200 0001 1202 9408</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>G. Brasnake</i></p> <p>B. Received by (Printed Name) <i>G. Brasnake</i></p> <p>C. Date of Delivery <i>4/28/17</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>VAC-69194</p> <p>H V APTS LLC 801 S Rancho Drive, No. E4 Las Vegas, NV 89106</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. 7014 1200 0001 1202 9354</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Report of All Selected Parcels

Case Number:

VAC-69194

RECEIVED
CITY CLERK

Printed On: Tue: April 25, 2017

<u>Owner</u>	<u>Address</u>	<u>Parcel Number</u>
1 CITY OF LAS VEGAS	333 N RANCHO DR 8TH FLR LAS VEGAS NV 89108	13933304018
2 COUNTY OF CLARK(ADMINISTRATIVE)	500 S GRAND CENTRAL PKWY 5TH FLR P O BOX 551825 LAS VEGAS NV 89155	13933305011
3 COUNTY OF CLARK(ADMINISTRATIVE)	500 S GRAND CENTRAL PKWY LAS VEGAS NV 89155	13933305023
4 COUNTY OF CLARK(ADMINISTRATIVE)	500 S GRAND CENTRAL PKWY 5TH FLR LAS VEGAS NV 89155	13933305013
5 COUNTY OF CLARK(RPM)	500 S GRAND CENTRAL PKWY 4TH FLR BOX 551825 LAS VEGAS NV 89155	13933202009
6 DESERT ALTA L L C	6450 SPRING MOUNTAIN RD #12 LAS VEGAS NV 89146-8836	13933307001
7 H V APTS L L C	801 S RANCHO DR #E4 LAS VEGAS NV 89106	13933306001
8 REICH SERIES L L C	3145 WATERSIDE CIR LAS VEGAS NV 89117-2275	13933308004
9 } STATE OF NEVADA	1263 S STEWART ST CARSON CITY NV 89712	13933307002
} STATE OF NEVADA	1263 S STEWART ST CARSON CITY NV 89712	13933307003

2017 MAY -1 A 11:33

REC'D 1-7014 1200 0001 1202 9415
 REC'D 2-7014 1200 0001 1202 9408
 REC'D 3-7014 1200 0001 1202 9392
 REC'D 4-7014 1200 0001 1202 9385
 REC'D 5-7014 1200 0001 1202 9378
 REC'D 6-7014 1200 0001 1202 9361
 REC'D 7-7014 1200 0001 1202 9354
 REC'D 8-7014 1200 0001 1202 9347
 REC'D 9-7014 1200 0001 1202 9323

State of Nevada (total of 2 in envelope)

4-27-2017
 *Please provide proof of postage/mailing.
 Thank you,
 JAS



U.S. POSTAGE >>> PITNEY BOWES
 ZIP 89101 \$ 000.00⁰
 02 1W
 0001403424 APR 27 2017

5-11-2017 all rec'd

5-15-2017 to Records for scan

Report of All Selected Parcels

Case Number:

VAC-69173

RECEIVED
CITY CLERK

Printed On: Tue: April 25, 2017

READ

READ

READ

READ

READ

READ

READ

<u>Owner</u>	<u>Address</u>	<u>Parcel Number</u>
• D R HORTON INC	1081 WHITNEY RANCH DR #141 HENDERSON NV 89014	12625301004
• D R HORTON INC	1081 WHITNEY RANCH DR #141 HENDERSON NV 89014	12625301005
DUIS FAMILY TRUST 7014 1200 0001 1202 9460	DUIS LARRY & IRENE M TRS 5861 CORTE DE CASA CIR LAS VEGAS NV 89149	12625710001
HARRIS FAMILY TRUST 7014 " " " - 9453	HARRIS RANDALL S & FLORENCE B TR 5881 CORTE DE CASA CIR LAS VEGAS NV 89149	12625710002
HELFMAN LAUREN 7014 " " " - 9446	HELFMAN FAMILY SURVIVOR'S TRUST 5112 FOREST OAKS DR LAS VEGAS NV 89149	12625801001
• HORTON D R INC	1081 WHITNEY RANCH DR #141 HENDERSON NV 89014	12625701067
• HORTON D R INC	1081 WHITNEY RANCH DR #141 HENDERSON NV 89014	12625301011
LIBERTY HOMES LAS VEGAS L L C	1180 N TOWN CENTER DR #100 LAS VEGAS NV 89144	12625710009
LIBERTY HOMES LAS VEGAS L L C	1180 N TOWN CENTER DR #100 LAS VEGAS NV 89144	12625710008
SCOTT BILL & JO A 7014 1200 0001 1202 9422	5928 GOLDEN AROWANA WAY LAS VEGAS NV 89149	12625310006

2017 MAY -1 A 11: 33

READ • DR Horton Inc. (total of 4 in envelope)
7014 1200 0001 1202 9309

READ - Liberty Homes Las Vegas LLC (total of 2 in envelope)
7014 1200 0001 1202 9439

4-27-2017
*Please provide proof of postage/mailing.
Thank you,
Lena

5-10-2017 CERTD SEND + to Records for scanning.
Seb @

