

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; width: fit-content;">             12531701005 Case: VAC-66114 <span style="float: right;">10/19/2016</span>               G H R HOLDINGS L L C              823 S LAS VEGAS BLVD #280              LAS VEGAS NV 89101           </div>	B. Received by (Printed Name) Stephanie K...  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	C. Date of Delivery 10/19/2016  RECEIVED CITY CLERK 10-19-11 11:29 AM
2. Article Number (Transfer from service label)	3. Service Type <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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px;">             11 17012 3460 0000 13279 17919 11           </div>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		