18

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:

al Family Trust U/D/T March 12, 2001
Raymond and Cecilia Lillian Sandoval,
s
ox 224
NV 89430

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cecilia L. Sandoval ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Cecilia L Sandoval

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

SEP 10 2012 USPS

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service la) 7011 1150 0002 4769 6611

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

7011 1150 0002 4769 6611

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

SMITH NV 89430

Postage	$ $9.70
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.35
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $15.00

0529 05 Postmark Here
AUG 29 2012 USPS SMITH, NV
08/29/2012

Sent To Sandoval Family Trust
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA, Plaintiff, WALKER RIVER PAIUTE TRIBE, Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Defendants.	IN EQUITY NO. C-125-RCJ-WGC Subproceeding: C-125-C 3:73-CV-00128-RCJ-WGC **WAIVER OF PERSONAL SERVICE OF NOTICE IN LIEU OF SUMMONS**
MINERAL COUNTY, Proposed-Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Proposed Defendants.	

TO: Simeon Herskovits, attorney for Proposed Plaintiff-Intervenor Mineral County, Nevada:

I acknowledge receipt of your request that I waive personal service of the documents involving the Motion for Intervention of Mineral County, Nevada, in the action of United States of America, Plaintiff v. Walker River Irrigation District et al., Defendants, which is Case No. C-125, Subfile No. C-125-C, docket number 3:73-cv-00128-RCJ-WGC, in the United States District Court for the District of Nevada. I also have received two copies of this waiver, a copy of the Notice of Motion and Motion for Intervention of Mineral County, the Proposed Petition to Intervene, the Amended Complaint in Intervention and Amended Points and Authorities in Support of the Amended Complaint in Intervention, and the Motion for Preliminary Injunction of

Mineral County, and the Order Relating to Completion of Service, which includes as attachments a Notice of Appearance and Intent to Participate form, a Disclaimer of Interest in Water Rights and Notice of Related Information and Documentation Supporting Disclaimer form, a Joint Motion for Substitution of Parties Following Transfer of Interest form, and a Statement Noting Death form. I also have received a self addressed stamped envelope by which I can return this signed waiver to you without cost to me.

I, or the entity I represent, agree to save the expense of personal service of a notice in lieu of summons and the above-described documents.

I understand that I, or the entity on whose behalf I am acting, will retain all defenses or objections to this matter or to the jurisdiction or venue of the Court except for objections based on a defect, if any, in the manner in which these documents have been provided to me.

I understand that if I, or the entity on whose behalf I am acting, do not file a Notice of Appearance and Intent to Participate within 30 days, and if the Court enters further orders with respect to answers or other responses to the Notice of Motion and Motion for Intervention, Proposed Petition to Intervene, Amended Complaint in Intervention, or the Motion for Preliminary Injunction, that I, or the entity on whose behalf I am acting, shall nevertheless be deemed to have notice of those subsequent orders of the Court.

DATED this 21 day of September, 2012.

Cecelia L. Sandoval
(Signature)

Cecelia L. Sandoval
(Printed name and title, if any)

(Company or entity, if any)

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 3/06)

STATE FILE NUMBER: 3201233002179
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): ALBERT
2. MIDDLE: RAYMOND
3. LAST (Family): SANDOVAL
AKA. ALSO KNOWN AS – include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 09/04/1922
5. AGE Yrs.: 89 | IF UNDER ONE YEAR: Months / Days | IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: NM
10. SOCIAL SECURITY NUMBER: 571-22-4995
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS/SRDP* (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/ccyy: 02/20/2012
8. HOUR (24 Hours): 1228
13. EDUCATION – Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) [X] YES HISPANO [ ] NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): CAUCASIAN
17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED: TRUCK DRIVER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): TRUCKING
19. YEARS IN OCCUPATION: 50

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 28756 FALL CREEK CT
21. CITY: MENIFEE
22. COUNTY/PROVINCE: RIVERSIDE
23. ZIP CODE: 92584
24. YEARS IN COUNTY: 26
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: LILLIAN SANDOVAL, WIFE
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 28756 FALL CREEK CT, MENIFEE, CA 92584

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP* – FIRST: CECELIA
29. MIDDLE: LILLIAN
30. LAST (BIRTH NAME): DALLAPE
31. NAME OF FATHER/PARENT – FIRST: ALBERT
32. MIDDLE: ANTHONY
33. LAST: SANDOVAL
34. BIRTH STATE: NM
35. NAME OF MOTHER/PARENT – FIRST: CLARA
36. MIDDLE:
37. LAST (BIRTH NAME): CHAVES
38. BIRTH STATE: NM

FUNERAL DIRECTOR/LOCAL REGISTRAR

38. DISPOSITION DATE mm/dd/ccyy: 02/29/2012
39. PLACE OF FINAL DISPOSITION: RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518
41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: –
44. NAME OF FUNERAL ESTABLISHMENT: EVANS BROWN SUN CITY MORTUARY
45. LICENSE NUMBER: FD1225
46. SIGNATURE OF LOCAL REGISTRAR: CAMERON KAISER, MD
47. DATE mm/dd/ccyy: 02/28/2012

PLACE OF DEATH

101. PLACE OF DEATH: RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [X] Decedent's Home [ ] Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 28756 FALL CREEK CT
106. CITY: MENIFEE

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (a) SENILE DEMENTIA
(b)
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(c)
(d)

Time Interval Between Onset and Death: (a) YEARS; (b); (c); (d)

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — INTERNAL NUMBER: 2012-01628
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: PNEUMONIA

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since (A) mm/dd/ccyy: 02/09/2012
Decedent Last Seen Alive (B) mm/dd/ccyy: 02/20/2012
115. SIGNATURE AND TITLE OF CERTIFIER: DENNIS YOOCHUN KIM M.D.
116. LICENSE NUMBER: A66132
117. DATE mm/dd/ccyy: 02/28/2012
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: DENNIS YOOCHUN KIM M.D. 29826 HAUN RD, #108, SUN CITY, CA 92586

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy:
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
125. LOCATION OF INJURY (Street and number, or location, and city, and zip):
126. SIGNATURE OF CORONER / DEPUTY CORONER:
127. DATE mm/dd/ccyy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR

A | B | C | D | E | *010001001998528* | FAX AUTH.# | CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

001034922

DATE ISSUED Mar 5, 2012

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

FRNCO (Rev) 01/12

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

79

7011 1150 0002 4769 6628

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

YERINGTON NV 89447

Postage	$ $9.70	0529
Certified Fee	$2.95	05 Postmark Here
Return Receipt Fee (Endorsement Required)	$2.35	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

Sent To Paul P. Sans

Street, Apt. No. or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

80

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:

Keith Savage
611 Sandy Avenue
Yerington, NV 89447

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gene Savage ☐ 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

YERINGTON NV 89447 SEP 4 2012 USPS

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from servic 7011 1150 0002 4769 6635

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

7011 1150 0002 4769 6635

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

YERINGTON NV 89447

Postage	$	$9.70	0529
Certified Fee		$2.95	05 Postmark Here
Return Receipt Fee (Endorsement Required)		$2.35	
Restricted Delivery Fee (Endorsement Required)		$0.00	
Total Postage & Fees	$	$15.00	08/29/2012

APPROVED NM AUG 29 2012 USPS 87529

Sent To Keith Savage
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-84

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA, Plaintiff, WALKER RIVER PAIUTE TRIBE, Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Defendants.	IN EQUITY NO. C-125-RCJ-WGC Subproceeding: C-125-C 3:73-CV-00128-RCJ-WGC **WAIVER OF PERSONAL SERVICE OF NOTICE IN LIEU OF SUMMONS**
MINERAL COUNTY, Proposed-Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Proposed Defendants.	

TO: Simeon Herskovits, attorney for Proposed Plaintiff-Intervenor Mineral County, Nevada:

I acknowledge receipt of your request that I waive personal service of the documents involving the Motion for Intervention of Mineral County, Nevada, in the action of United States of America, Plaintiff v. Walker River Irrigation District et al., Defendants, which is Case No. C-125, Subfile No. C-125-C, docket number 3:73-cv-00128-RCJ-WGC, in the United States District Court for the District of Nevada. I also have received two copies of this waiver, a copy of the Notice of Motion and Motion for Intervention of Mineral County, the Proposed Petition to Intervene, the Amended Complaint in Intervention and Amended Points and Authorities in Support of the Amended Complaint in Intervention, and the Motion for Preliminary Injunction of

Mineral County, and the Order Relating to Completion of Service, which includes as attachments a Notice of Appearance and Intent to Participate form, a Disclaimer of Interest in Water Rights and Notice of Related Information and Documentation Supporting Disclaimer form, a Joint Motion for Substitution of Parties Following Transfer of Interest form, and a Statement Noting Death form. I also have received a self addressed stamped envelope by which I can return this signed waiver to you without cost to me.

I, or the entity I represent, agree to save the expense of personal service of a notice in lieu of summons and the above-described documents.

I understand that I, or the entity on whose behalf I am acting, will retain all defenses or objections to this matter or to the jurisdiction or venue of the Court except for objections based on a defect, if any, in the manner in which these documents have been provided to me.

I understand that if I, or the entity on whose behalf I am acting, do not file a Notice of Appearance and Intent to Participate within 30 days, and if the Court enters further orders with respect to answers or other responses to the Notice of Motion and Motion for Intervention, Proposed Petition to Intervene, Amended Complaint in Intervention, or the Motion for Preliminary Injunction, that I, or the entity on whose behalf I am acting, shall nevertheless be deemed to have notice of those subsequent orders of the Court.

DATED this 18th day of September, 2012.

Keith Savage
(Signature)

KEITH SAVAGE
(Printed name and title, if any)

(Company or entity, if any)

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:

Virginia Savage
611 Sandy Avenue
Yerington, NV 89447

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gini Savage ☐ 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

YERINGTON NV 89447 SEP 4 2012 USPS

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 1150 0002 4769 6642

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

7011 1150 0002 4769 6642

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

YERINGTON NV 89447

Postage	$ $9.70	0529
Certified Fee	$2.95	05 Postmark Here
Return Receipt Fee (Endorsement Required)	$2.35	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

ELPASO AUG 29 2012 USPS-87529

Sent To Virginia Savage
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA, Plaintiff, WALKER RIVER PAIUTE TRIBE, Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Defendants.	IN EQUITY NO. C-125-RCJ-WGC Subproceeding: C-125-C 3:73-CV-00128-RCJ-WGC **WAIVER OF PERSONAL SERVICE OF NOTICE IN LIEU OF SUMMONS**
MINERAL COUNTY, Proposed-Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Proposed Defendants.	

TO: Simeon Herskovits, attorney for Proposed Plaintiff-Intervenor Mineral County, Nevada:

I acknowledge receipt of your request that I waive personal service of the documents involving the Motion for Intervention of Mineral County, Nevada, in the action of United States of America, Plaintiff v. Walker River Irrigation District et al., Defendants, which is Case No. C-125, Subfile No. C-125-C, docket number 3:73-cv-00128-RCJ-WGC, in the United States District Court for the District of Nevada. I also have received two copies of this waiver, a copy of the Notice of Motion and Motion for Intervention of Mineral County, the Proposed Petition to Intervene, the Amended Complaint in Intervention and Amended Points and Authorities in Support of the Amended Complaint in Intervention, and the Motion for Preliminary Injunction of

Mineral County, and the Order Relating to Completion of Service, which includes as attachments a Notice of Appearance and Intent to Participate form, a Disclaimer of Interest in Water Rights and Notice of Related Information and Documentation Supporting Disclaimer form, a Joint Motion for Substitution of Parties Following Transfer of Interest form, and a Statement Noting Death form. I also have received a self addressed stamped envelope by which I can return this signed waiver to you without cost to me.

I, or the entity I represent, agree to save the expense of personal service of a notice in lieu of summons and the above-described documents.

I understand that I, or the entity on whose behalf I am acting, will retain all defenses or objections to this matter or to the jurisdiction or venue of the Court except for objections based on a defect, if any, in the manner in which these documents have been provided to me.

I understand that if I, or the entity on whose behalf I am acting, do not file a Notice of Appearance and Intent to Participate within 30 days, and if the Court enters further orders with respect to answers or other responses to the Notice of Motion and Motion for Intervention, Proposed Petition to Intervene, Amended Complaint in Intervention, or the Motion for Preliminary Injunction, that I, or the entity on whose behalf I am acting, shall nevertheless be deemed to have notice of those subsequent orders of the Court.

DATED this 18th day of September, 2012.

Virginia Savage
(Signature)

VIRGINIA SAVAGE
(Printed name and title, if any)

(Company or entity, if any)

82

7011 1150 0002 4769 6659

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

WELLINGTON NV 89444

Postage	$ $9.70
Certified Fee	$2.95
Return Receipt Fee (Endorsement Required)	$2.35
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $15.00

0529
05
Postmark Here
AUG 2012
EL PRADO NM
USPS-87529

08/29/2012

Sent To Michael Duane Scirine

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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:

Michael Sherlock
1368 Highway 208
Yerington, NV 89447

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Janice Shipley ☒ Agent ☐ Addressee

B. Received by (Printed Name) Janice Shipley C. Date of Delivery SEP 10 2012

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

YERINGTON NV 89447 USPS

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 1150 0002 4769 6673

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

7011 1150 0002 4769 6673

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

YERINGTON NV 89447

Postage	$ $9.70	0529
Certified Fee	$2.95	05 Postmark Here
Return Receipt Fee (Endorsement Required)	$2.35	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

Sent To Michael Sherlock
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

Track/Confirm - Intranet Item Inquiry - Domestic

Tracking Label: 7011 1150 0002 4769 6680

Destination	**ZIP Code:** 89447	**City:** YERINGTON	**State:** NV
Origin	**ZIP Code:** 87529-9998	**City:** EL PRADO	**State:** NM

Class/Service: Priority Mail Certified Mail

Service Calculation Information

Service Performance Date
Scheduled Delivery Date: 08/31/2012

Weight: 2 **lb(s)** 1 **oz(s)**

Postage: $9.70

Zone: 05

Delivery Option Indicator: Normal Delivery

PO Box?: N

Rate Indicator: Single-Piece Rate

Special Services	Associated Labels	Amount
Certified Mail	7011 1150 0002 4769 6680	$2.95
Return Receipt	7011 1150 0002 4769 6680	$2.35

Event	Date/Time	Location	Scanner ID
ACCEPT OR PICKUP	09/04/2012 13:02	YERINGTON, NV 89447	030SHA5063
	Input Method: Scanned		
	Finance Number: 319840		
	Request Delivery Record		
NOTICE LEFT	08/31/2012 08:37	YERINGTON, NV 89447	030SHNN305
	Input Method: Scanned		
ARRIVAL AT UNIT	08/31/2012 08:02	YERINGTON, NV 89447	030SHNM732
	Input Method: Scanned		
ENROUTE/PROCESSED	08/29/2012 11:17	TAOS, NM 87571	030SHNZ0V5
	Input Method: Scanned		
ACCEPT OR PICKUP	08/29/2012 10:22	EL PRADO, NM 87529	
	Input Method: Scanned		
	Finance Number: 342730		

Enter Request Type and Item Number:

Quick Search ◉ **Extensive Search** ○

Explanation of Quick and Extensive Searches

EXHIBIT A-87