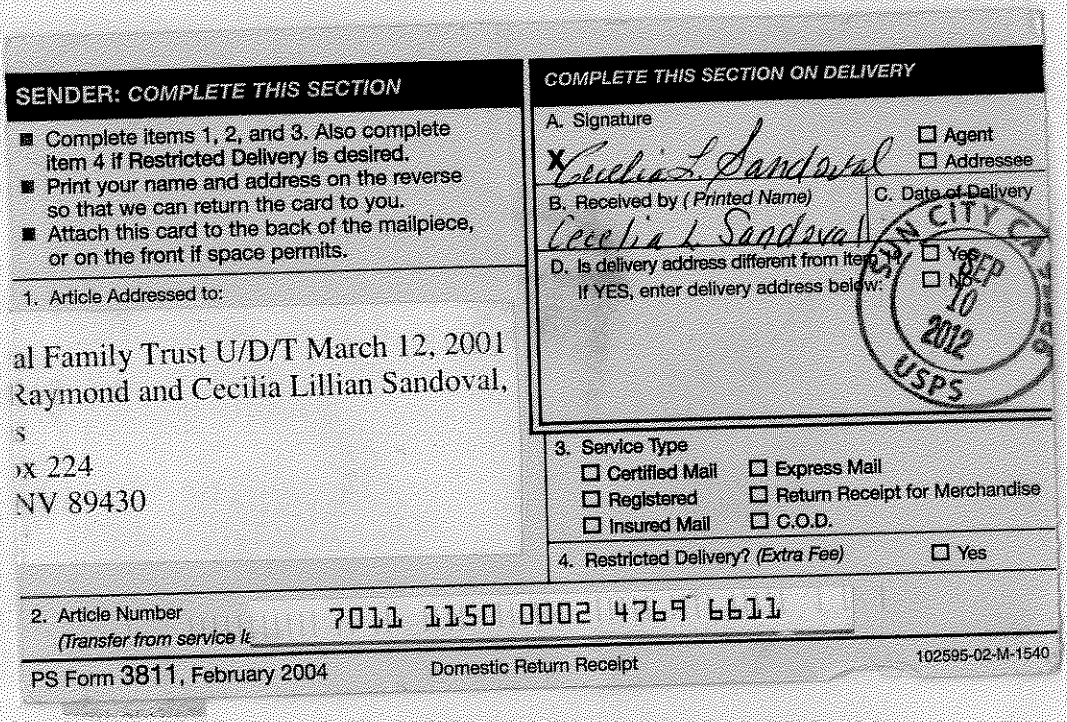
18



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) Cecilia L Sandoval C. Date of Delivery

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

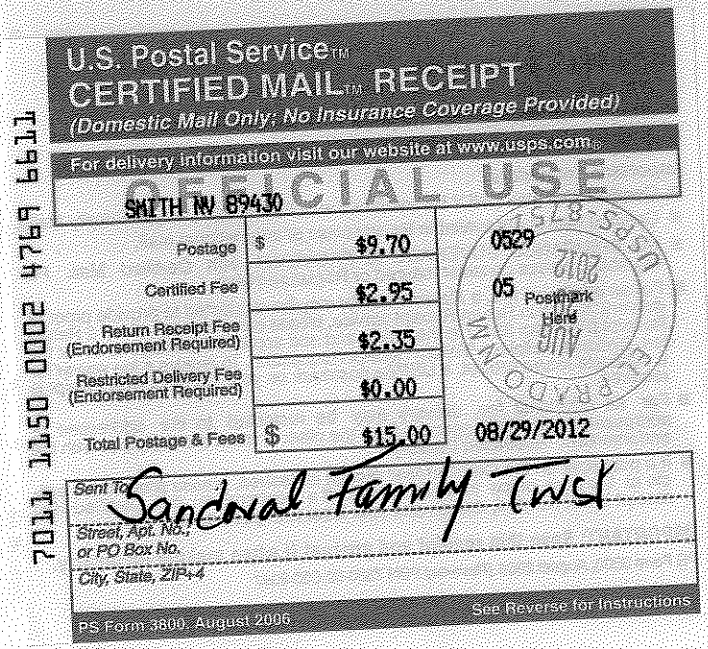
CITY SEP 10 2012 USPS

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 l: 7011 1150 0002 4769 6611

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



U.S. Postal Service™
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For delivery information visit our website at www.usps.com®
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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 2012 08/29/2012

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

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 6611

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. _____ MINERAL COUNTY, Proposed-Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Proposed 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**

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, WRITEOUTS OR ALTERATIONS
VS-11REV 3/06)

STATE FILE NUMBER: 3201233002179

LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
ALBERT	RAYMOND	SANDOVAL

AKA. ALSO KNOWN AS – include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months / Days	IF UNDER 24 HOURS Hours / Minutes	6. SEX
09/04/1922	89			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
NM	571-22-4995	[X] YES [ ] NO [ ] UNK	MARRIED	02/20/2012	1228

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	[X] YES HISPANO [ ] NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
TRUCK DRIVER	TRUCKING	50

USUAL RESIDENCE

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

INFORMANT

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

SPOUSE/SRDP AND PARENT INFORMATION

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

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
02/29/2012	RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518	
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**	**43. LICENSE NUMBER**
CR/BU	▸ NOT EMBALMED	–
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR** / **47. DATE mm/dd/ccyy**
EVANS BROWN SUN CITY MORTUARY	FD1225	▸ CAMERON KAISER, MD / 02/28/2012

PLACE OF DEATH

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

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) SENILE DEMENTIA	(AT) YEARS	[X] YES [ ] NO
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	(B)	(BT)	109. BIOPSY PERFORMED? [ ] YES [X] NO
	(C)	(CT)	110. AUTOPSY PERFORMED? [ ] YES [X] NO
	(D)	(DT)	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	Decedent Last Seen Alive (B) mm/dd/ccyy	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
02/09/2012	02/20/2012	▸ DENNIS YOOCHUN KIM M.D.	A66132	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		FAX AUTH.#	CENSUS TRACT
						010001001998528		

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.

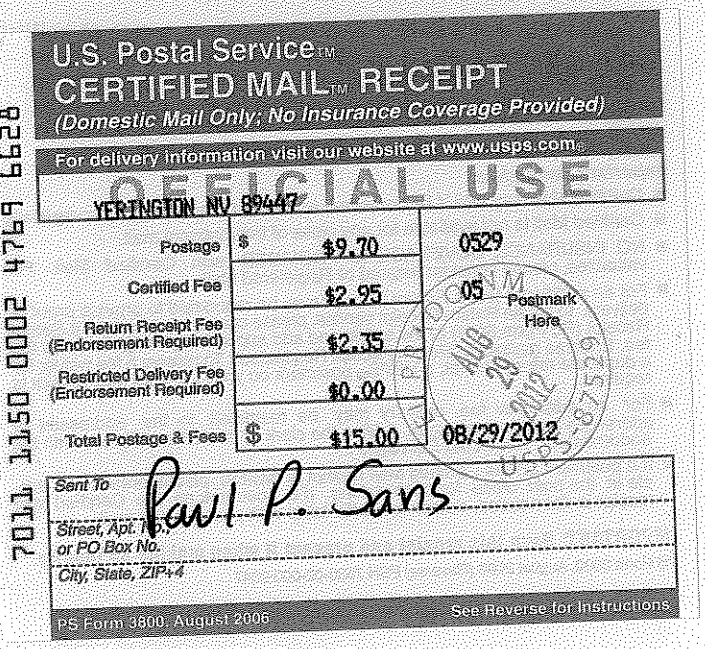
FSNCO (Rev) 01/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

EXHIBIT A-82

79



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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

7011 1150 0002 4769 6628

86

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 Keith 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 SEP 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

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YERINGTON NV 89447

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

Sent To Keith 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. MINERAL COUNTY, Proposed-Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Proposed 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**

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)

89

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 [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

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

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YERINGTON NV 89447

OFFICIAL USE

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

08/29/2012

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

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-85

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. _____ MINERAL COUNTY, Proposed-Plaintiff-Intervenor, vs. WALKER RIVER IRRIGATION DISTRICT, a corporation, et al., Proposed 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**

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

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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 08/29/2012

Sent To Michael Dvane 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

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

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YERINGTON NV 89447

OFFICIAL USE

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

7011 1150 0002 4769 6673

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