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:

Pauline Bradshaw
P.O. Box 55
Wellington, NV 89444

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x LESW BRADSHAW ☐ Agent ☐ Addressee

B. Received by (Printed Name) Lesw Bradshaw C. Date of Delivery 10/10

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) 7011 1150 0002 4769 5874

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

7011 1150 0002 4769 5874

U.S. Postal Service™
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WELLINGTON NV 89444

OFFICIAL USE

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

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

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-10

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 13th day of Nov., 2012.

Pauline Bradshaw
(Signature)

PAULINE BRADSHAW
(Printed name and title, if any)

(Company or entity, if any)

FILED ✓ RECEIVED
ENTERED SERVED ON COUNSEL/PARTIES OF RECORD
NOV 15 2012
CLERK US DISTRICT COURT
DISTRICT OF NEVADA
BY: Copy Rec'd DEPUTY

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. 0125-RCJ-WGC
Subproceeding C-125-C

3:73-cv-00128-RCJ-WGC

NOTICE OF APPEARANCE AND INTENT TO PARTICIPATE

TO: Counsel of record for Mineral County, Nevada, the Walker River Irrigation District, United States, Walker River Paiute Tribe, State of Nevada, State of California, and the United States Board of Water Commissioners.

You are hereby notified that PAULINE BRADSHAW enters an appearance of record in the above-captioned matter. The mailing address of PAULINE BRADSHAW or its legal counsel, is as follows and service of all orders, pleadings and other documents filed in this matter shall be complete upon mailing to this address.

(provide mailing address) P.O. Box 55, WELLINGTON, NV 89444

CERTIFICATE OF SERVICE

I hereby certify that I have deposited in United States mail, postage prepaid, a true and correct copy of this Notice of Appearance and Intent to Participate in an envelope addressed to:

Simeon M. Herskovits
Advocates for Community and Environment
P.O. Box 1075
El Prado, New Mexico 87529
Attorney for Mineral County

Marta Adams
Deputy Attorney General
State of Nevada
100 North Carson Street
Carson City, NV 89701
Attorney for State of Nevada

Gordon H. DePaoli
Dale E. Ferguson
Woodburn and Wedge
6100 Neil Road, Suite 500
Reno, Nevada 89511
Attorneys for Walker River Irrigation District

Wes Williams
Law Offices of Wes Williams Jr.
P.O. Box 100
Schurz, NV 89427
Attorney for Walker River Paiute Tribe

Susan L. Schneider
U.S. Department of Justice
Environment and Natural Resources Division
999 18th Street
South Terrace, Suite 370
Denver, CO 80202
Attorney for United States

Michael Neville
455 Golden Gate Avenue, #11000
PO Box 944255
San Francisco, CA 94102
Attorney for State of California

Karen A Peterson
Allison MacKenzie Russell Pavlakis
Wright & Fagan, Ltd.
402 North Division St.
P.O. Box 646
Carson City, NV 89703
Attorney for U.S. Board of Water Commissioners

Pauline Bradshaw
(signature)

PAULINE BRADSHAW
(print or type name)

(print or type name of entity if applicable

EXHIBIT A-10

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:

Susan L. Brown
385 Hyacinth St.
Sparks, NV 89436

COMPLETE THIS SECTION ON DELIVERY

A. 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. Article Number (Transfer from service label) 7011 1150 0002 4769 5812

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

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

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

SPARKS NV 89436 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
EL PRADO STA RENO NV
08/29/2012

Sent To Susan L. Brown
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 5812

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 19 day of September, 2012.

Susan Brown
(Signature)

Susan Brown
(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:

Vernon F. Bryan
539 Lower Colony Road
Wellington, NV 89444

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Victoria Bryan ☐ Agent ☒ Addressee

B. Received by (Printed Name) Victoria Bryan | C. Date of Delivery 8-31-12

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 5829

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

7011 1150 0002 4769 5829

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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
AUG 29 2012
08/29/2012

Sent To Vernon F. Bryan
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

QUITCLAIM DEED

THIS INDENTURE made this 11th day of August, 1977, between VERNON F. BRYAN of Lyon County, Nevada, First Party, and VERNON F. BRYAN, INC., a Nevada corporation, Star Route, Wellington, Nevada, 89444, Second Party,

W I T N E S S E T H:

That First Party, for and in consideration of the sum of ONE DOLLAR ($1.00), lawful money of the United States of America, and other valuable consideration, to him in hand paid by the said Second Party, the receipt whereof is hereby acknowledged, does by these presents revise, release and forever quitclaim unto the said Second Party, its successors and assigns forever, all his right, title and interest in and to that certain lot, piece or parcel of land situate in the County of Lyon, State of Nevada, and more particularly described as follows:

South 1/2 of Northeast 1/4, Southeast 1/4 of Section 3, Township 11 North, Range 23 East and Northeast 1/4 of Southwest 1/4 of Section 34, Township 12 North, Range 23 East, M. D. B. &M., Lyon County, Nevada

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD, all and singular the said premises, together with the appurtenances, unto said Second Party, its successors and assigns forever.

IN WITNESS WHEREOF, First Party has hereunto set his hand

- - - -

33412

EXHIBIT A-12

the day and year first above written.

Vernon F. Bryan
VERNON F. BRYAN

STATE OF NEVADA)
) ss.
COUNTY OF LYON)

On this 11th day of August, 1977, before me, a notary public, personally appeared VERNON F. BRYAN, who acknowledged to me that he executed the foregoing Quitclaim Deed.

Marolyn B. Patton
Notary Public

MAROLYN B. PATTON
Notary Public -- State of Nevada
Lyon County
My Commission Expires Dec. 1, 1980

Documentary Transfer Tax $ [illegible]
☐ Computed on full value of property conveyed; or
☐ Computed [illegible] encumbrances remaining thereon [illegible]

[illegible]
Marolyn B. Patton
Signature of declarant or agent determining tax-firm name.

33422
OFFICIAL RECORDS
[illegible] NEV.
Ron Barton
'77 AUG 15 PM 4:30
INDEXED

EXHIBIT A-12

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

2003 0004349

LOCAL FILE NUMBER — STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: First: Vernon; Middle: Franklin; Last: BRYAN Jr.
2. DATE OF DEATH (Month, Day, Year): March 25, 2003
3a. COUNTY OF DEATH: Lyon
3b. CITY, TOWN OR LOCATION OF DEATH: Yerington
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): South Lyon Medical Center
3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify): Inpatient
4. SEX: Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify): White
6. Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes, specify Mexican, Cuban, Puerto Rican, etc.:
7a. AGE—Last Birthday (Years): 57
7b. UNDER 1 YEAR MOS : DAYS
7c. UNDER 1 DAY HOURS : MINS
8. DATE OF BIRTH (Mo., Day, Yr.): June 21, 1945
9a. STATE OF BIRTH (If not U.S.A., name country): Nevada
9b. CITIZEN OF WHAT COUNTRY: USA
10. Decedent's Education. Specify highest grade completed.: 12
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
12. SURVIVING SPOUSE (If wife, give maiden name): -
13. SOCIAL SECURITY NUMBER: 530-30-4252
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Farmer 473
14b. KIND OF BUSINESS OR INDUSTRY: Agriculture 010
15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Lyon
15c. CITY, TOWN, OR LOCATION: Wellington
15d. STREET AND NUMBER: 539 Lower Colony Rd
15e. INSIDE CITY LIMITS (Specify Yes or No): NO

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

16. FATHER—NAME: First: Vernon; Middle: F.; Last: Bryan
17. MOTHER—MAIDEN NAME: First: Ruth; Middle: Ann; Last: Wood
18a. INFORMANT—NAME (Type or Print): Michael Bryan, Son
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): PO Box 121 Wellington, NV 89444

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Sierra Crematory
19c. LOCATION City or Town: Carson City State: Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such):
20b. FUNERAL DIRECTOR LICENSE NUMBER: 614
20c. NAME AND ADDRESS OF FACILITY: Freitas Rupracht Funeral Home 25 Hwy 208 Yerington, Nevada 89447 10

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title):
21b. DATE SIGNED (Mo., Day, Yr.): 03/26/2003
21c. HOUR OF DEATH: 0310
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be completed by Coroner's Office

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.
(Signature and Title):
22b. DATE SIGNED (Mo., Day, Yr.):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:
22e. PRONOUNCED DEAD (Hour) AT:

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.): Robin Titus, MD PO Box 377 Wellington, Nevada 89447
23b. LICENSE NUMBER: 4617

24a. REGISTRAR (Signature):
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): March 26, 2003
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Respiratory Arrest — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Bone & Brain Metatasis — Interval between onset and death: 3 Months
DUE TO, OR AS A CONSEQUENCE OF:
(c) Lung Cancer — Interval between onset and death: 2 Years

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.
26. AUTOPSY (Specify Yes or No): NO
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): NO

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):
28b. DATE OF INJURY (Mo., Day, Yr.):
28c. HOUR OF INJURY: M
28d. DESCRIBE HOW INJURY OCCURRED:
28e. INJURY AT WORK (Specify Yes or No):
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE:

STATE REGISTRAR

No. 236885

Birth Cert# 1945 001410

464965

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: JAN 02 2013

STATE REGISTRAR

EXHIBIT A-12

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

THE GREAT SEAL OF THE STATE OF NEVADA

STATE OF NEVADA — OFFICE of the STATE REGISTRAR and VITAL RECORDS — DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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:

Jack E. Bush
P.O. Box 265
Wellington, NV 89444

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jack E Bush ☐ Agent ☑ Addressee

B. Received by (Printed Name) JACK E. BUSH 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. Article Number (Transfer from service lat 7011 1150 0002 4769 5881

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

7011 1150 0002 4769 5881

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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 08/29/2012

Sent To Jack E. Bush
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

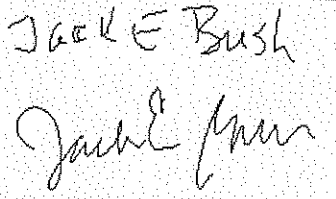
PS Form 3800, August 2006 See Reverse for Instructions

Case 3:73-cv-00128-RCJ-WGC Document 4 Filed 01/09/13 Page 14 of 17

UNITED STATES POSTAL SERVICE

Track/Confirm - Intranet Item Inquiry
Item Number: 7011 1150 0002 4769 5881

This item was delivered on 09/04/2012 at 15:50

Signature:	
Address:	

Enter Request Type and Item Number:

Quick Search ◉ Extensive Search ○

Explanation of Quick and Extensive Searches

Submit

Version 1.0

Inquire on multiple items.

Go to the Product Tracking System Home Page.

EXHIBIT A-13

Mineral County is in communication with attorneys for the State of California and expects service to be completed imminently.

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:

Claudia C. Casey
P.O. Box 5184
Fallon, NV 89406

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Claudia Casey C. Date of Delivery SEP 4 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 5898

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

7011 1150 0002 4769 5898

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

FALLON NV 89406

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 08/29/2012

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

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-15

14

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 A. Casey
P.O. Box 5184
Fallon, NV 89406

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) [signature]
C. Date of Delivery

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

NY EXPRESS STATION NV 89406 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 5904

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

7011 1150 0002 4769 5904

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

OFFICIAL USE

FALLON NV 89406

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

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City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions