55

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:

Carmen Ferch
c/o Sario Livestock
1462 Douglas Avenue
Gardnerville, NV 89410

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B. Presto ☐ Agent ☐ Addressee

B. Received by (Printed Name) B Presto 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 lab) 7011 1150 0002 4769 6109

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

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.
GARDNERVILLE NV 89410 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	
Total Postage & Fees	$ $15.00	08/29/2012

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

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 6109

UNITED STATES POSTAL SERVICE

Track/Confirm - Intranet Item Inquiry
Item Number: 7011 1150 0002 4769 6109

This item was delivered on 08/31/2012 at 15:07

Signature:	
Address:	1462 Dol

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-34

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:

d Erma Flasko, Family Trust
re Blackenbury & Premier Trust, Co-

x 75
on, NV 89447

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Elaine Brackenbury ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Elaine Brackenbury AUG 31 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 6116

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

7011 1150 0002 4769 6116

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

Sent To Louis & Erma Flasko, Family Trust
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 6323

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

BRIDGEPORT CA 93517

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

Sent To Betty Floyd

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

37

7011 1150 0002 4769 6130

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

BRIDGEPORT CA 93517

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

Postmark Here

USPS-87529 AUG 29 2012

Sent To Frank Floyd

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:

Fousekis, James T. Intervivos Trust
James T. Fousekis, Trustee
2848 Garber St.
Berkley, CA 94705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 9/12/12

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 6147

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

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

BERKELEY CA 94705

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

Sent To
Fousekis, James T. Intervivos Trust
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 6147

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 12th day of October, 2012.

(Signature)

(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:

usekis, Susana Cox Intervivos Trust
nes T. Fousekis, Trustee
48 Garber St.
rkley, CA 94705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by (Printed Name)
C. Date of Delivery 9/13/12

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 6161

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

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

BERKELEY CA 94705

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
Fousekis, Susana Cox
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 6161

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 12th day of [illegible], 2012.

(Signature)

[illegible]

(Printed name and title, if any)

Trustee, [illegible]

(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:

Don Ray Gable
P.O. Box 197
Yerington, NV 89447

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Don Gable ☐ Agent ☐ Addressee

B. Received by (Printed Name) DON GABLE C. Date of Delivery

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

YERINGTON NV 89447 AUG 31 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 6178

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

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

Sent To Don Ray Gable
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 6178

EXHIBIT A-40

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 3 day of September, 2012.

Don Gable
(Signature)

DON GABLE
(Printed name and title, if any)

(Company or entity, if any)

93

Advocates for Community and Environment
[illegible]
P.O. Box [illegible]
El Prado, NM [illegible]

7011 1150 0002 4769 6185

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

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

SANTA MARIA CA 93454

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 Arden Gerbig

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-41

7011 1150 0002 4769 6192

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

SANTA MARIA CA 93454

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

EL PRADO NM
AUG 29 2012
USPS 0529

Sent To Evilo J. Gerbig

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-42