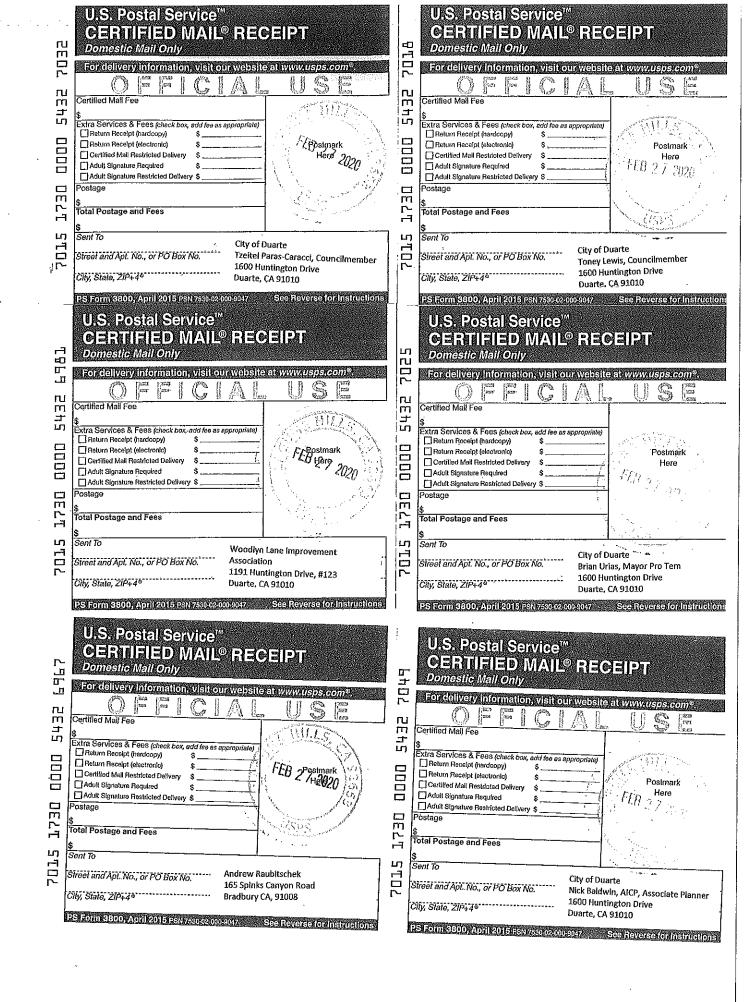
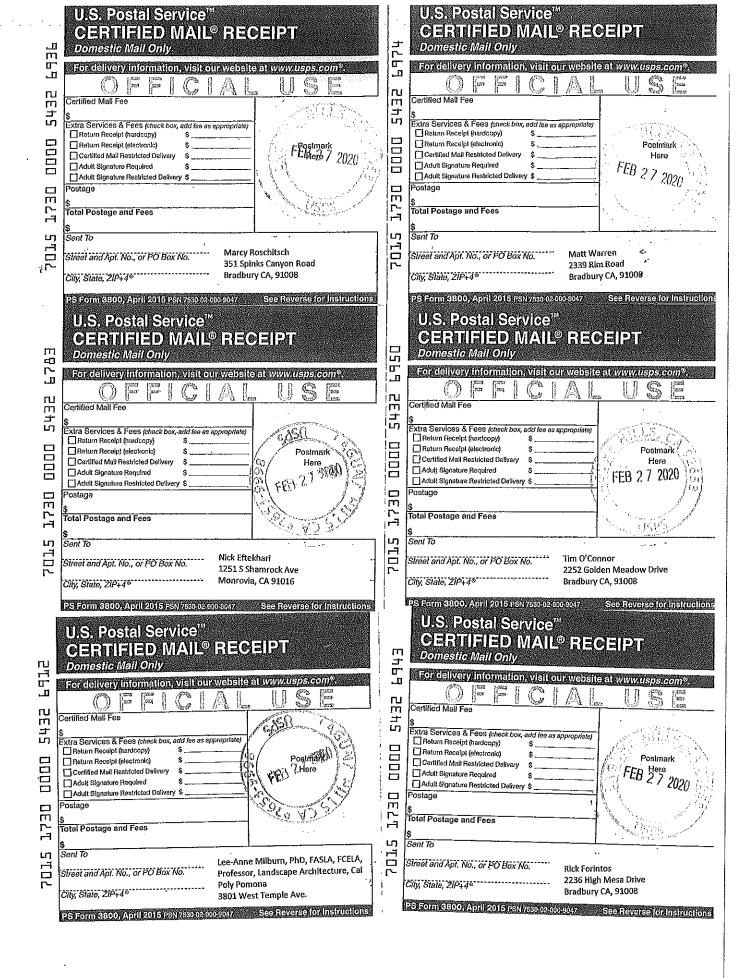
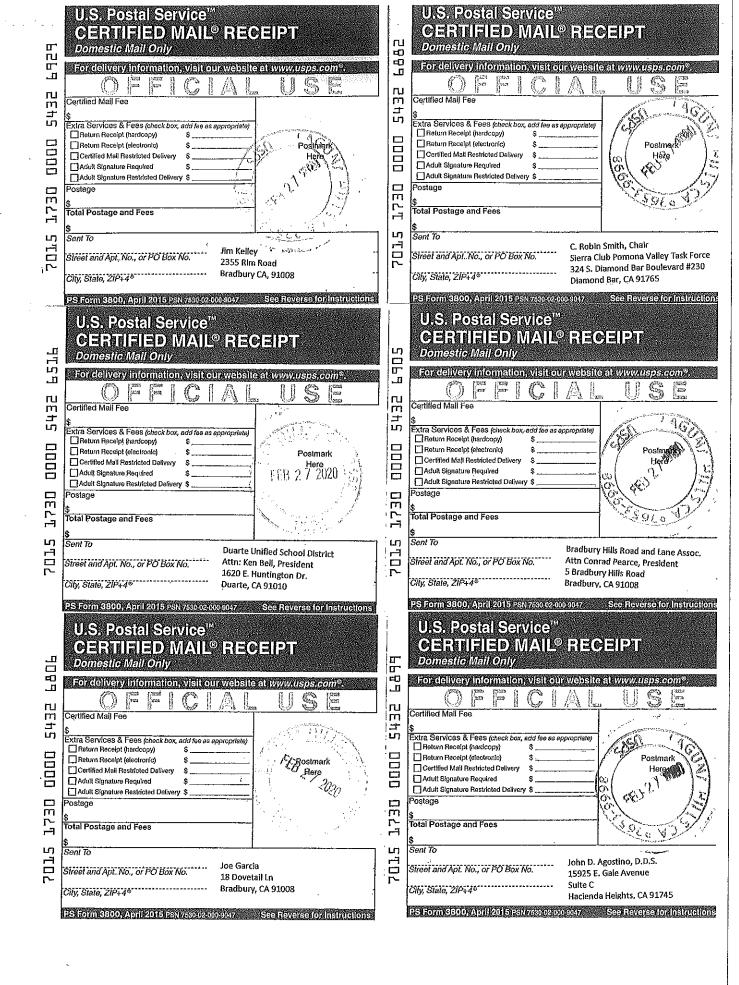
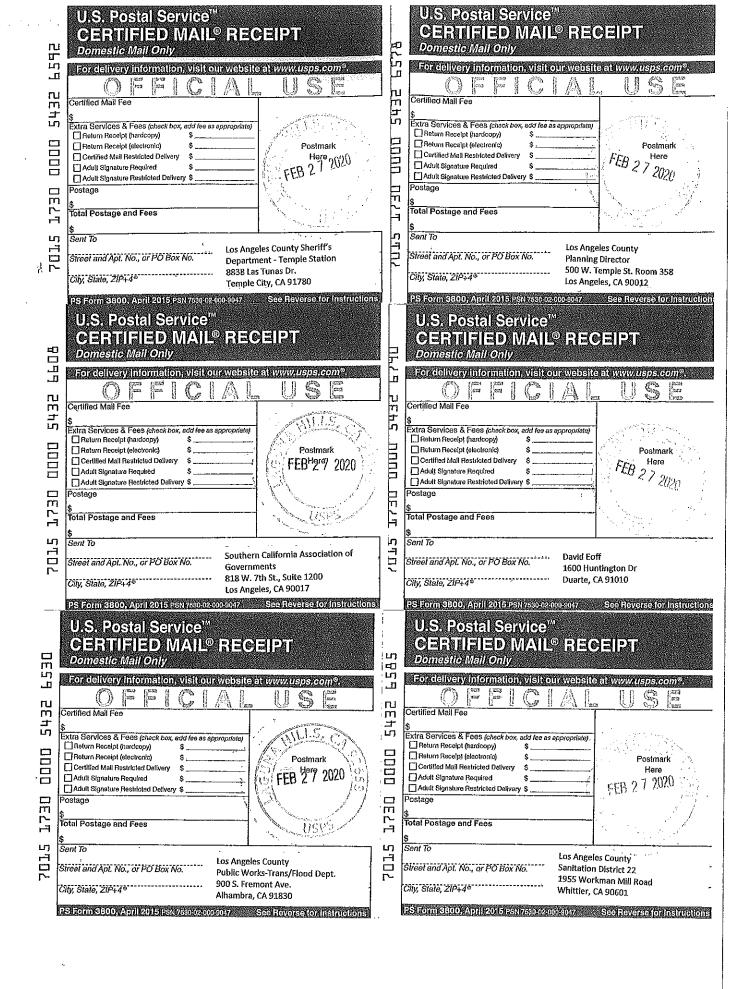
APPENDIX F CERTIFIED MAIL RECEIPTS

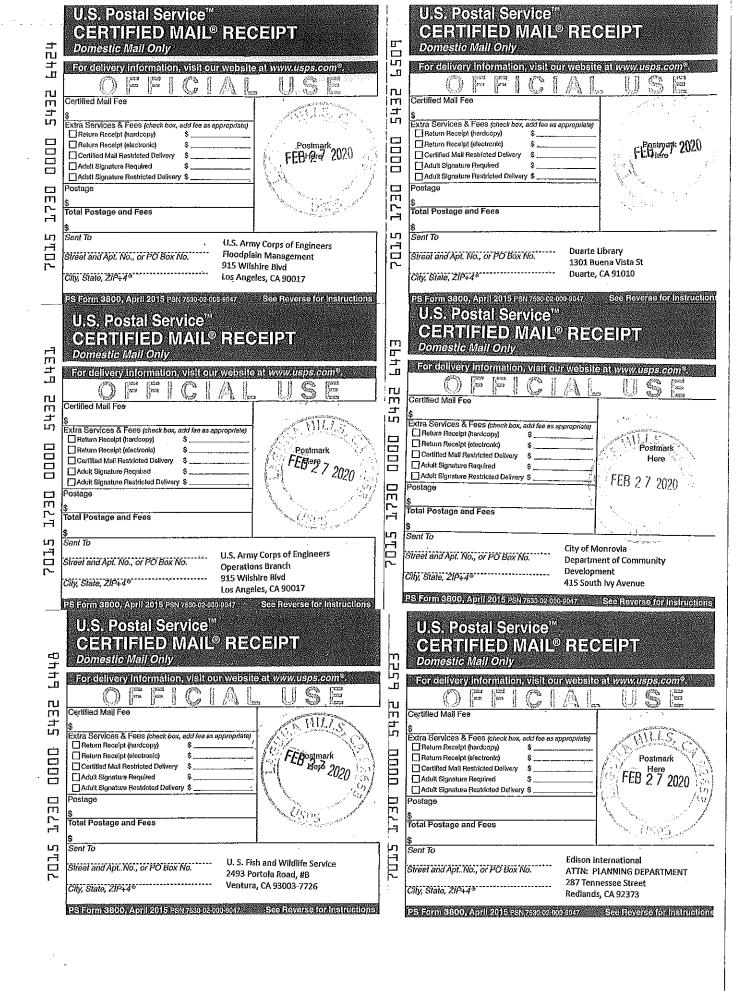


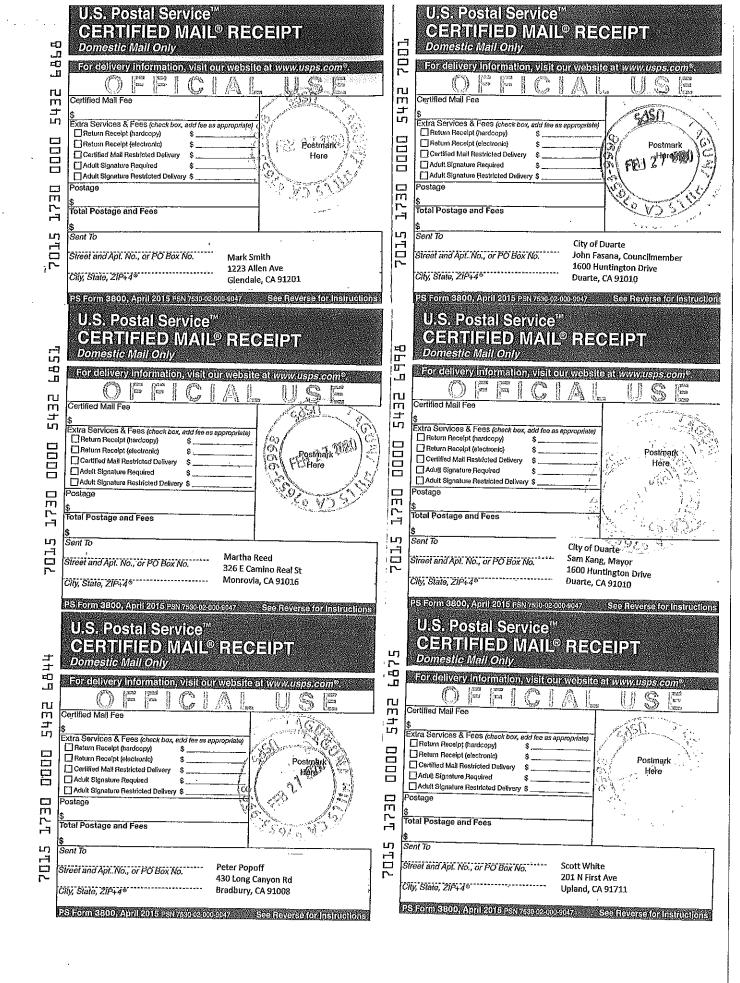


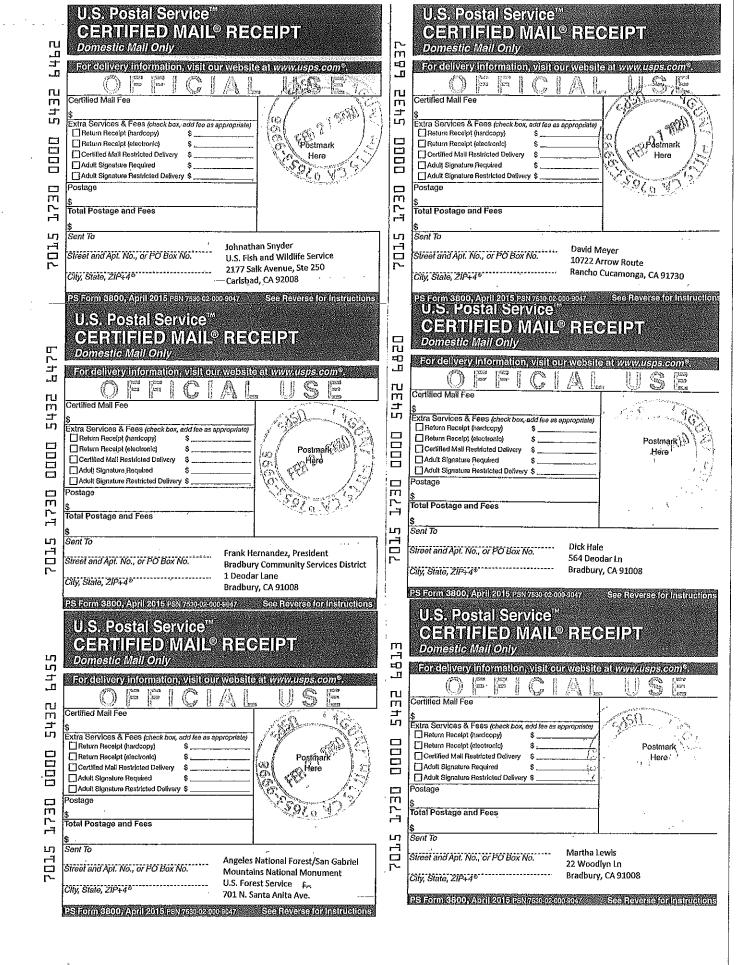


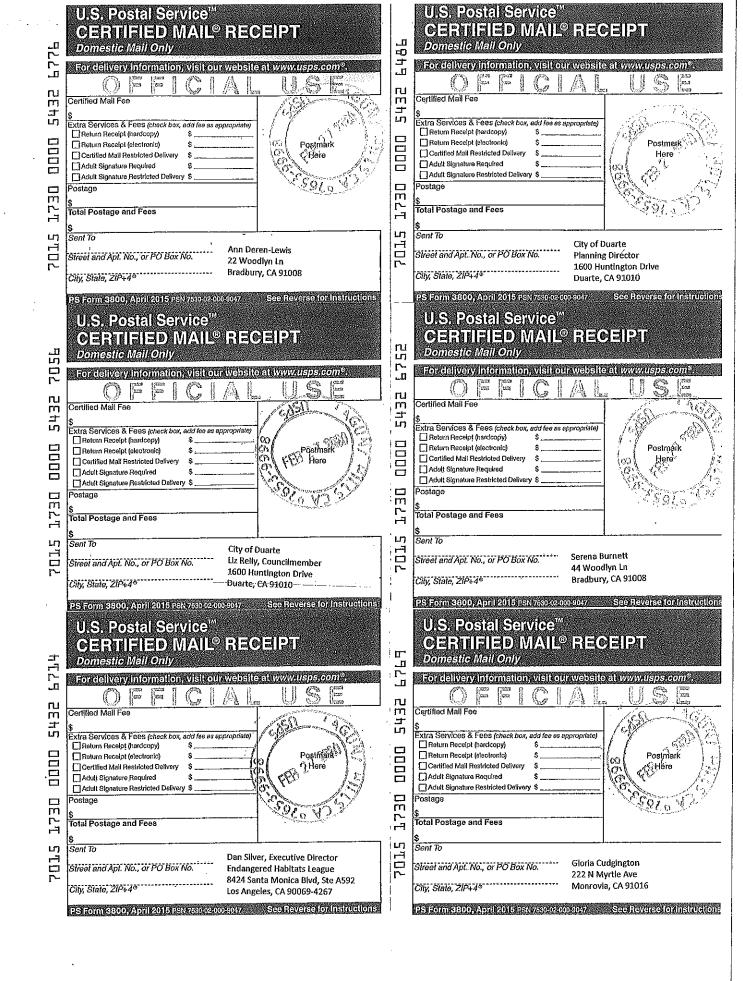


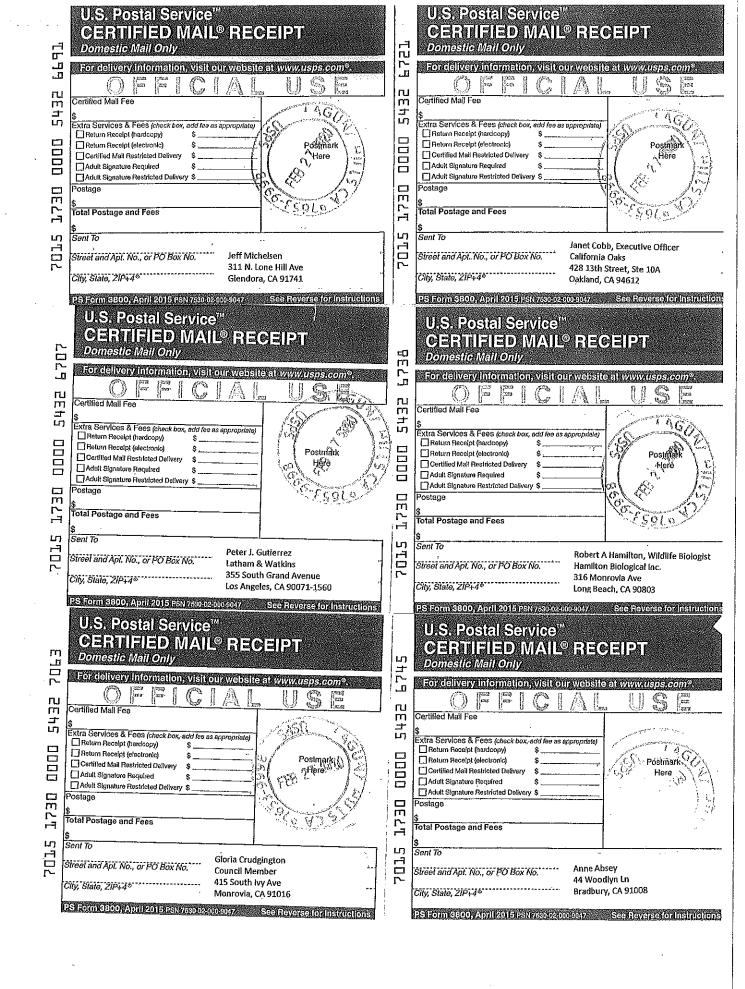


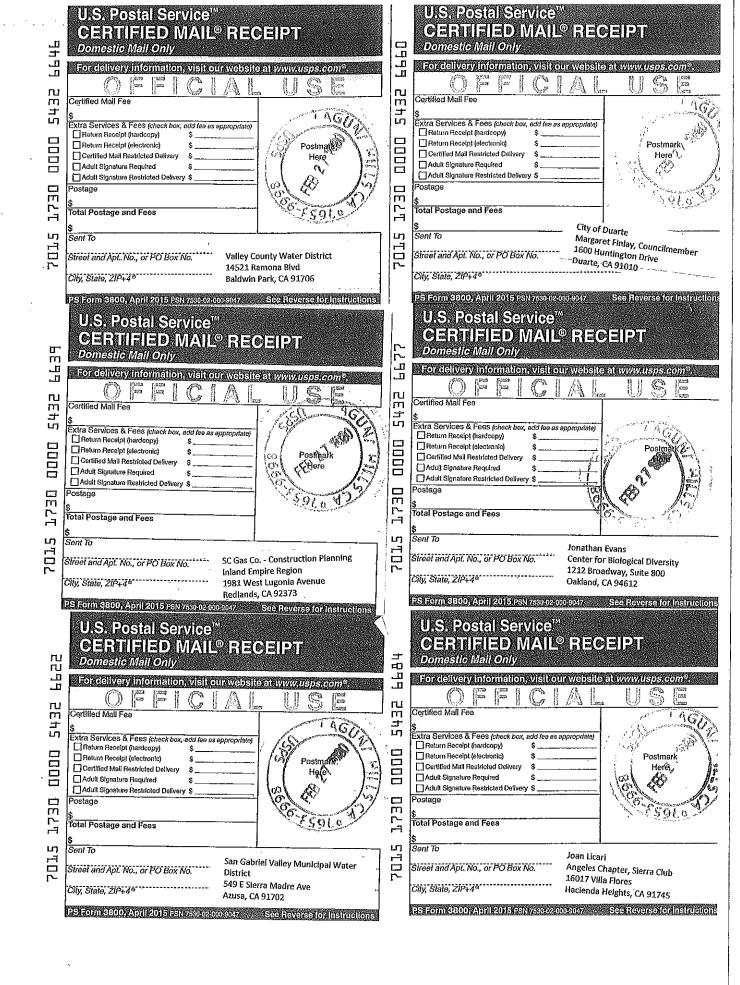


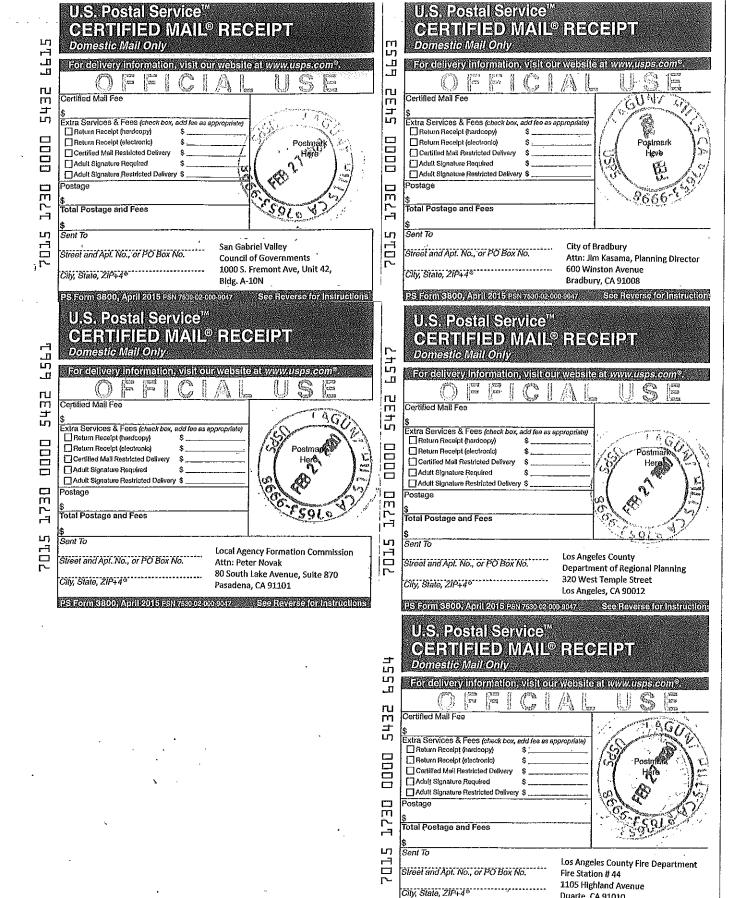












Duarte, CA 91010

PS Form 9800; April 2015 PSN 7680-02-000-9047

SENDER: COMPLETE THIS SECTION 1. Article Addressed to: Print your name and address on the reverse Suite C Complete items 1, 2, and 3. Hacienda Heights, CA 91745 Attach this card to the back of the mailpiece, so that we can return the card to you. ohn D. Agostino, D.D.S. or on the front if space permits. 15925 E. Gale Avenue 9590 9402 5032 9092 2644 77 3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery A Signature 'n COMPLETE THIS SECTION ON Ö Is delivery address different from item If YES, enter delivery address below: Received by (Printed Name) ☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted☐ Deliver Perum Receipt for Merchandise item 1? ဂ္ဂ Date of Delivery ☐ Agent ☐ Addressee No Yes

in the second se		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
■ Complete Items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse so that we can return the card to you.	x	☐ Agent ☐ Address
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name)	C. Date of Delive
Article Addressed to:	D. Is delivery address different from item 1?	
Southern California Association of Governments 818 W. 7th St., Suite 1200 Los Angeles, CA 90017		
9590 9402 5032 9092 2621 76 2. Article Number (Transfer from service label)	☐ Adult Signature ☐ Ri ☐ Adult Signature Restricted Delivery ☐ Ri ☐ Certified Mati® ☐ Di ☐ Certified Mati® Restricted Delivery ☐ Ri ☐ Collect on Delivery ☐ Si ☐ Collect on Delivery ☐ Si	riority Mail Express® egistered Mail TM egistered Mail Restric elivery eturn Receipt for erchandise gnature Confirmation
7015 1730 0000 5432 6608		gnature Confirmatior estricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Dome	stic Return Receip
SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. 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. Article Addressed to: Martha Lewis 22 Woodlyn Ln Bradbury, CA 91008 2. Article Number (Transfer from service label) 7015 1730 000 5432 6613	☐ Adult Signature ☐ Re ☐ Adult Signature Restricted Delivery ☐ Re ☐ Certified Mail® ☐ Delivery ☐ Re ☐ Certified Mail Restricted Delivery ☐ Re ☐ Collect on Delivery ☐ Mt ☐ Collect on Delivery ☐ Signature Mail ☐ Signature	Agent Address C. Date of Delive
0011		tic Return Receir
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIG	IERY.
Complete items 1, 2, and 3. 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. Article Addressed to: Los Angeles County Planning Director 500 W. Temple St. Room 358 Los Angeles, CA 90012	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item If YES, enter delivery address below:	☐ Agent ☐ Addresse C. Date of Delive 3 - 2 - 2 - 1 1? ☐ Yes ☐ No

3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restrict Delivery □ Return Receipt for Merchandise □ Signature Confirmation □ Signature Confirmation □ Restricted Delivers 9590 9402 5032 9092 2622 06 ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ red Mail ☐ red Mail Restricted Delivery ☐ \$500) 2. Article Number (Transfer from service label)

7015 1730 0000 5432