

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee  
*Stacy L Clough*

B. Received by (Printed Name)  
*Stacy L Clough*

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

1. Article Addressed to:  
 Thomas P. Guarino  
 dba County Counsel  
 205 Lana Street  
 Yuba, 96097  
 CALIFORNIA STATE, USA

2. Article Number  
 (Transfer from service label)  
 7011 0470 0001 0524 9533

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

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:  
 Thomas P. Guarino  
 dba County Counsel  
 205 Lana Street  
 Yuba, 96097  
 CALIFORNIA STATE, USA

2. Article Number  
 (Transfer from service label)  
 7011 0470 0001 0524 9533

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COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee  
*Brann York*

B. Received by (Printed Name)  
*BRANN YORK*

C. Date of Delivery  
*1/9/17*

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

1. Article Addressed to:  
 Derek P. Cole  
 dba State-Barano 204250  
 90 Cota Cole, LLC  
 2261 Lana Ridge Ct.  
 Roseville 95661-3034  
 CALIFORNIA STATE, USA

2. Article Number  
 (Transfer from service label)  
 7012 1010 0001 2776 0540

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 Roseville 95661-3034  
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1. Article Addressed to:  
 David Alan Prantice  
 dba County Counsel  
 730 N "I" St, Suite 204  
 Madera 93637  
 CALIFORNIA STATE, USA

2. Article Number  
 (Transfer from service label)  
 7011 0470 0001 0524 9540

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee  
*Juan Garcia*

B. Received by (Printed Name)  
*Juan Garcia*

C. Date of Delivery  
*1-16-17*

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

102595-02-M-1540

Domestic Return Receipt

