



**sierra
research**

1801 J Street
Sacramento, CA 95814
Tel: (916) 444-6666
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Tel: (734) 761-6666
Fax: (734) 761-6755

April 2, 2008

Mr. Kenneth L. Coats
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4182

Subject: El Segundo Power Redevelopment Project (ESPR), Facility ID
No. 115663

Dear Mr. Coats,

On behalf of El Segundo Power LLC, we are pleased to provide the enclosed information confirming the distribution of the District's notice of intent to issue a permit for this project. The public notice was mailed to all addresses within a one-quarter-mile radius of the project site. The enclosed information includes copies of the post office certificates of mailing. As shown by the enclosed copy of the District's public notice, the notice was distributed on March 27, 2008.

If there are any questions, please call me at (916) 444-6666.

Sincerely,

Tom Andrews

DOCKET	
00-AFC-14C	
DATE	APR 02 2008
RECD.	APR 03 2008

Attachments

cc: Tim Hemig, NRG
George Piantka, NRG
Stephen D. Munro, CEC
CEC Dockets 00-AFC-14C



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

NOTICE OF INTENT TO ISSUE PERMIT PURSUANT TO AQMD RULES 212 AND 3006

This notice is to inform you that the South Coast Air Quality Management District (AQMD) has received and reviewed permit applications for the proposed El Segundo Power Redevelopment (ESPR) Power Plant Project and intends to issue a Title V Facility Permit.

The AQMD is the air pollution control agency for the four county-region including Orange County and parts of Los Angeles, Riverside and San Bernardino counties. Anyone wishing to install or modify equipment that could control or be a source of air pollution within this region must first obtain a permit from the AQMD. Under certain circumstances, before a permit is granted, a public notice, such as this, is prepared by the AQMD and distributed.

The AQMD has evaluated the permit applications listed below for the following facility and determined that the project meets or will meet all applicable AQMD rules and regulations based upon the evaluation described below:

FACILITY: El Segundo Power, LLC
301 Vista Del Mar
El Segundo, CA 90245
Facility ID No: 115663

CONTACT: Mr. Tim Hemig, Director, Environmental Business
NRG West
1817 Aston Avenue Suite 104
Carlsbad, CA 92008

AQMD APPLICATION NUMBERS

Application Number	Equipment Description
470652	Gas Turbine No. 8
470656	Gas Turbine No. 9
470653	Air Pollution Control Equipment, SCR/CO Catalyst for Turbine No. 8
470654	Air Pollution Control Equipment, SCR/CO Catalyst for Turbine No. 9
470655	Title V Significant Modification

PROJECT DESCRIPTION

The project consists of a modification to an existing power plant with the capability of generating a total of 573 megawatts (MW) of electrical power, consisting of two (2) new Siemens-Westinghouse rapid-response combined cycle SGT6-5000F gas turbines with associated air pollution control systems and an existing 20,000 gallon capacity aqueous ammonia storage tank. Since the above equipment has the potential to emit pollutants in excess of the emission levels specified in AQMD Rule 212(g), a public notice is required.

PROJECTED EMISSIONS

After the initial commissioning period, the total maximum monthly emissions from the operation of the proposed equipment in conjunction with the use of air pollution control systems is not expected to exceed the following:

DISTRIBUTION DATE: 3/27/08

Pollutant	Maximum Monthly Emissions, (pounds per month)
Nitrogen Oxides	30,059
Carbon Monoxide	90,579
Volatile Organic Compounds	9,861
Particulate Matter (diameter less than 10 microns)	13,870
Sulfur Dioxide	2,131
Ammonia	17,295

As a result of the burning of natural gas in the gas turbines, emissions from the proposed project also contains some pollutants that are considered toxic under AQMD Rule 1401-New Source Review of Toxic Air Contaminants. Therefore, a health risk assessment was performed for this project. The health risk assessment uses health protective assumptions in estimating actual risk to an individual person. Even assuming this health protective condition, the evaluation shows that the maximum individual cancer risk increase from the project is less than one-in-one-million. Also, acute and chronic indices, which measure non-cancer health impacts, are less than one. These levels of estimated risk are below the threshold limits of AQMD Rule 1401 (d) established for new or modified sources and below AQMD Rule 1309.1(b)(5)(A) for power plants. The health risk assessment (HRA) results are shown in the table below:

HRA Results

	Residential MICR	Commercial MICR	Residential HIA	Commercial HIA	Residential HIC	Commercial HIC
Gas Turbine No. 8	4.00×10^{-8}	1.28×10^{-8}	0.0153	0.0153	0.00242	0.00402
Gas Turbine No. 9	4.05×10^{-8}	1.31×10^{-8}	0.0154	0.0154	0.00245	0.00413

Also, based on the engineering evaluation for this project, the AQMD has determined that the project complies with all of the applicable requirements to be qualified to access Priority Reserve credits pursuant to AQMD Rule 1309.1. However, the project must comply with additional requirements prior to the AQMD's release of the Priority Reserve credits and issuance of the Final Title V Permit.

This facility is a Federal Title V and Title IV (Acid Rain) facility. Pursuant to AQMD Title V Permits Rule 3006 – Public Participation, any person may request a proposed permit hearing on an application for an Initial Title V or significant permit revision by filing with the Executive Officer a complete Hearing Request Form (Form 500G) for a proposed hearing within 15 days of the date of publication of this notice, as shown below. This form is available on the AQMD website at <http://www.aqmd.gov/permit/Formspdf/TitleV/AQMDForm500-G.pdf>, or alternatively, the form can be made available upon request by contacting Mr. Kenneth L. Coats at the e-mail and telephone number listed below. On or before the date the request is filed, the person requesting a proposed permit hearing must also send by first class a copy of the request to the facility address and contact person listed above.

THE FOLLOWING REQUIREMENTS MUST BE COMPLIED WITH PRIOR TO THE ISSUANCE OF FINAL PERMIT

In order for AQMD to be able to release any Priority Reserve credits and issue a Final Title V permit to this project, the applicant must comply with additional requirements of AQMD Rules and Regulations, including but not limited to the following:

Rule 1303(b)(2)

El Segundo Power, LLC must provide emission offsets for NO_x, VOC, SO_x, and PM₁₀ emissions. Emission offsets for PM₁₀, SO_x, and VOC will be provided in the form of Emission Reduction Credits (ERCs). Some or all of the emission offsets for PM₁₀ may also be obtained from the AQMD's Priority Reserve pursuant to AQMD Rule 1309.1.

Rule 2005(b)(2)

Emission offsets for NO_x will be in the form of RECLAIM Trading Credits (RTCs).

DISTRIBUTION DATE: 3/27/08

Rule 1309.1(c)(2)

El Segundo Power, LLC pays a mitigation fee pursuant to subdivision (g).

Rule 1309.1(c)(3)

El Segundo Power, LLC conducts a due diligence effort [based on an ERC cost not to exceed the applicable mitigation fee for that pollutant at the location of the electrical generating facility (EGF) and as specified in subdivision (g) of Rule 1309.1] approved by the Executive Officer to secure available ERCs for requested Priority Reserve pollutants. Such efforts shall include securing available ERCs including those available through state emission banks or creating ERCs through SIP approved credit generation programs as available.

Rule 1309.1(c)(4)

El Segundo Power, LLC enters into a long-term contract (at least one year) with the State of California to sell at least 50 percent of the portion of power which it has generated using the Priority Reserve Credits and the Executive Officer determines at the time of permitting, and based on consultations with State power agencies that the State of California is both entering into such long term contract and that a need for such contract exists at the time of permitting, if the facility is a net generator.

Rule 1309.1(d)(6)

El Segundo Power, LLC must use any ERCs held first, before access to the Priority Reserve is allowed.

Rule 1309.1(d)(14)

El Segundo Power, LLC has entered into a long term contract with Southern California Edison Company or the San Diego Gas and Electric Company or the State of California to provide electricity in Southern California.

The proposed permit and other information are available for public review at the AQMD's headquarters in Diamond Bar, and at the El Segundo Public Library, 111 West Mariposa Avenue, El Segundo, CA 90245. Additional information including the facility owner's compliance history submitted to the AQMD pursuant to Section 42336, or otherwise known to the AQMD, based on credible information, is available at the AQMD for public review by contacting Mr. Kenneth L. Coats (kcoats@aqmd.gov), Engineering and Compliance, South Coast Air Quality Management District, 21865 Copley Drive, Diamond Bar, CA 91765-4182, (909) 396-2527. A copy of the draft Permit to Construct can also be viewed at <http://www.aqmd.gov/webapp/PublicNotices/Search.aspx>.

Anyone wishing to comment on the air quality elements of this permit must submit comments in writing to the AQMD at the above address, attention Mr. Michael D. Mills. **Comments must be received within 30 days of the distribution/publication date of this notice, as shown below.** If you are concerned primarily about zoning decisions and the process by which the facility has been sited in this location, contact your local city or county planning department or the California Energy Commission at (916) 654-3936. For your general information, anyone experiencing air quality problems such as dust or odor can telephone in a complaint to the AQMD 24 hours a day by calling 1-800-CUT-SMOG (1-800-288-7664).

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Article Number

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Postage

Fee

Handling
Charge

Actual Value
If Registered

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

720 W Imperial Ave. Apt 206
El Segundo, CA 90245-2044

2.

Resident

720 W Imperial Ave. Apt 205
El Segundo, CA 90245-2044

3.

Resident

720 W Imperial Ave. Apt 106
El Segundo, CA 90245-2042

4.

Resident

720 W Imperial Ave. Apt 105
El Segundo, CA 90245-2042

5.

6.

Resident

720 W Imperial Ave. Apt 104
El Segundo, CA 90245-2042

7.

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Resident

607 W Maple Ave.

El Segundo, CA 90245-2006

1.

2.

Resident

605 W Maple Ave.

El Segundo, CA 90245-2006

3.

Resident

603 W Maple Ave.

El Segundo, CA 90245-2006

4.

5.

Resident

601 W Maple Ave.

El Segundo, CA 90245-2006

6.

Resident

604 W Maple Ave.

El Segundo, CA 90245-2005

7.

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Postage

Fee

Handling Charge

Actual Value if Registered

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



1. Article Number

Resident

720 W Imperial Ave. Apt 201
El Segundo, CA 90245-2085

2. Article Number

Resident

720 W Imperial Ave. Apt 107
El Segundo, CA 90245-2085

3. Article Number

Resident

720 W Imperial Ave. Apt 302
El Segundo, CA 90245-2044

4. Article Number

Resident

720 W Imperial Ave. Apt 301
El Segundo, CA 90245-2044

5. Article Number

Resident

720 W Imperial Ave. Apt 207
El Segundo, CA 90245-2044

6. Article Number

7. Article Number

8. Article Number

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Due Sender
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2.

Resident
643 W Maple Ave.
EI Segundo, CA 90245-2006

3.

Resident
635 W Maple Ave.
EI Segundo, CA 90245-2006

4.

Resident
633 W Maple Ave.
EI Segundo, CA 90245-2006

5.

6.

Resident
631 W Maple Ave.
EI Segundo, CA 90245-2006

7.

Resident
615 W Maple Ave.
EI Segundo, CA 90245-2006

8.

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Actual Value
if Registered

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Value if COD

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Fee

Resident

720 W Imperial Ave. Apt. 304
El Segundo, CA 90245-2045

Resident

720 W Imperial Ave. Apt. 303
El Segundo, CA 90245-2045

Resident

720 W Imperial Ave. Apt. 204
El Segundo, CA 90245-2095

Resident

720 W Imperial Ave. Apt. 203
El Segundo, CA 90245-2095

Resident

720 W Imperial Ave. Apt. 202
El Segundo, CA 90245-2095

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1. Resident
663 W Maple Ave.
EI Segundo, CA 90245-2006

2. Resident
659 W Maple Ave.
EI Segundo, CA 90245-2006

3. Resident
655 W Maple Ave.
EI Segundo, CA 90245-2006

4. Resident
649 W Maple Ave.
EI Segundo, CA 90245-2006

5. Resident
647 W Maple Ave.
EI Segundo, CA 90245-2006

Total Number of Pieces
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Date of Receipt**

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

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10000	10000

if Registered

Insurance

DE

FC

Free

FD

Free

Resident

732 W Imperial Ave. Apt. 8

El Segundo, CA 90245-2047

Resident

732 W Imperial Ave. Apt. 7

El Segundo, CA 90245-2047

Resident

732 W Imperial Ave. Apt. 6

EI Segundo, CA 90245-2047

Resident

7322 W Imperial Ave. Apt. 5

EI Segundo, CA 90245-2047

Resident

732 W Imperial Ave. Apt. 4

El Segundo, CA 90245-2047

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Actual Value

Insured
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Due Sender
if COD

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1. Article Number

Resident

737 W Maple Ave.

EI Segundo, CA 90245-2007

2.

Resident

735 W Maple Ave.

EI Segundo, CA 90245-2007

3.

Resident

725 W Maple Ave.

EI Segundo, CA 90245-2007

4.

Resident

715 W Maple Ave.

EI Segundo, CA 90245-2007

5.

Resident

730 W Sycamore Ave.

EI Segundo, CA 90245-2060

6.

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Addressee (Name, Street, City, State, & ZIP Code)

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Article Number

1.

Resident
732 W Imperial Ave. Apt 13
El Segundo, CA 90245-2048

2.

Resident
732 W Imperial Ave. Apt 12
El Segundo, CA 90245-2048

3.

Resident
732 W Imperial Ave. Apt 11
El Segundo, CA 90245-2048

5.

Resident
732 W Imperial Ave. Apt 10
El Segundo, CA 90245-2048

7.

Resident
732 W Imperial Ave. Apt 9
El Segundo, CA 90245-2047

8.

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Postage

Fee

Handling
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Due Sender
If COD

DC
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Resident

747 Yucca St.

El Segundo, CA 90245-2015

Resident

753 Yucca St.

El Segundo, CA 90245-2015

Resident

759 Yucca St.

El Segundo, CA 90245-2015

Resident

726 W Maple Ave.

El Segundo, CA 90245-2088

Resident

730 W Maple Ave.

El Segundo, CA 90245-2088

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Postage

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Insured
Value

Due Sender
if COD

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Resident

732 W Imperial Ave. Apt 18
El Segundo, CA 90245-2048

Resident

732 W Imperial Ave. Apt 17
El Segundo, CA 90245-2048

Resident

732 W Imperial Ave. Apt 16
El Segundo, CA 90245-2048

Resident

732 W Imperial Ave. Apt 15
El Segundo, CA 90245-2048

Resident

732 W Imperial Ave. Apt 14
El Segundo, CA 90245-2048

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☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

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Insured

Due Sender

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Postmark and Date of Receipt

Handwritten

Actual

Registered

Insured

Due Sender

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Fee

1. Resident
632 W Maple Ave.
El Segundo, CA 90245-2005

2. Resident
760 Yucca St.
El Segundo, CA 90245-2014

3. Resident
754 Yucca St.
El Segundo, CA 90245-2014

4. Resident
748 Yucca St.
El Segundo, CA 90245-2014

5. Resident
742 Yucca St.
El Segundo, CA 90245-2014

6. Resident
742 Yucca St.
El Segundo, CA 90245-2014

7. Resident
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El Segundo, CA 90245-2014

8. Resident
742 Yucca St.
El Segundo, CA 90245-2014

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Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Value
Declared

Insured
If COD

Use Sender
If COD

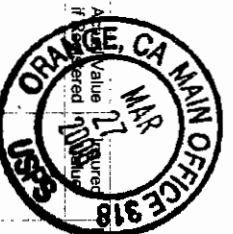
DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident

732 W Imperial Ave. Apt. 23
El Segundo, CA 90245-2049

2.

3.

Resident

732 W Imperial Ave. Apt. 22
El Segundo, CA 90245-2096

4.

Resident

732 W Imperial Ave. Apt. 21
El Segundo, CA 90245-2096

5.

6.

Resident

732 W Imperial Ave. Apt. 20
El Segundo, CA 90245-2096

7.

8.

Resident

732 W Imperial Ave. Apt. 19
El Segundo, CA 90245-2096

Total Number of Pieces
Listed by Sender

Total No.
Received at Post Office

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Value
Registered
Insured
Postage

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

608 W Maple Ave.

El Segundo, CA 90245-2005

2.

Resident

618 W Maple Ave.

El Segundo, CA 90245-2005

3.

Resident

620 W Maple Ave.

El Segundo, CA 90245-2005

4.

Resident

624 W Maple Ave.

El Segundo, CA 90245-2005

5.

Resident

628 W Maple Ave.

El Segundo, CA 90245-2005

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
Insured
Value

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

770 W Imperial Ave. Unit 93
El Segundo, CA 90245-2057

2.

Resident

770 W Imperial Ave. Unit 92
El Segundo, CA 90245-2057

3.

Resident

770 W Imperial Ave. Unit 91
El Segundo, CA 90245-2057

4.

Resident

770 W Imperial Ave. Unit 90
El Segundo, CA 90245-2057

5.

Resident

770 W Imperial Ave. Unit 89
El Segundo, CA 90245-2057

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered (International)
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Has

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Actual Value

Insured

Due Sender

If COD

DC

Fee

SC

Fee

SH

Fee

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Fee

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Fee

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Fee

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Fee

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Fee

Fee

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt



1. Article Number
Resident
909 Dune St
El Segundo, CA 90245-2023
2. **Resident**
913 Dune St
El Segundo, CA 90245-2023
3. **Resident**
917 Dune St
El Segundo, CA 90245-2023
4. **Resident**
921 Dune St
El Segundo, CA 90245-2023
5. **Resident**
925 Dune St
El Segundo, CA 90245-2023
6. **Resident**
929 Dune St
El Segundo, CA 90245-2023
7. **Resident**
933 Dune St
El Segundo, CA 90245-2023
8. **Resident**
937 Dune St
El Segundo, CA 90245-2023

Total Number of Pieces Listed by Sender
Total Number of Pieces Received at Post Office
Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Weight

Volume

Postage

Sender
COD

DC

Fee

SC

Fee

SH

Fee

RD

Fee

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Fco



1.

2.

3.

4.

5.

6.

7.

8.

Resident
770 W Imperial Ave. Unit 94
El Segundo, CA 90245-2057

Resident
770 W Imperial Ave. Unit 95
El Segundo, CA 90245-2057

Resident
770 W Imperial Ave. Unit 96
El Segundo, CA 90245-2057

Resident
770 W Imperial Ave. Unit 97
El Segundo, CA 90245-2057

Resident
770 W Imperial Ave. Unit 98
El Segundo, CA 90245-2057

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handwritten
Change

Actual
Registered

Insured
Value

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number

1.

Resident
839 Dune St.
EI Segundo, CA 90245-2021

2.

Resident
843 Dune St.
EI Segundo, CA 90245-2021

3.

Resident
847 Dune St.
EI Segundo, CA 90245-2021

4.

Resident
901 Dune St.
EI Segundo, CA 90245-2023

5.

Resident
905 Dune St.
EI Segundo, CA 90245-2023

6.

Total Number of Pieces
Listed by Sender

Total No.
Received at Post Office

(Signature of receiving employee)

See Privacy Act Statement on Reverse

Check for updates

Certified	Recorded Delivery (International)
COD	Registered
Delivery Confirmation	Return Receipt for Merchandise
Express Mail	Signature Confirmation
Insured	

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

Fee	Handling Charge
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Actual V
if Requisite

Insurance
Vantage

if O

DC
FeeSC
FreeSH
FeeRD
LeeRR
Fee

El Segundo, CA 90245-2060

El Segundo, CA 90245-2060

El Segundo, CA 90245-2060

El Segundo, CA 90245-2060

El Segundo, CA 90245-2021

Postmaster, Per (Name of receiving employee).

Complete by ~~Typewriter~~, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Insured Value
if Declared

Insured Value

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1.

Resident
732 W Imperial Ave. Apt. 3
El Segundo, CA 90245-2047

2.

Resident
732 W Imperial Ave. Apt. 2
El Segundo, CA 90245-2047

4.

Resident
732 W Imperial Ave. Apt. 1
El Segundo, CA 90245-2047

5.

Resident
770 W Imperial Ave. Unit 100
El Segundo, CA 90245-2057

7.

Resident
770 W Imperial Ave. Unit 99
El Segundo, CA 90245-2057

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Attach Stamp Here
(It is issued as a
certificate of mailing
or for additional
copies of this bill
Postmark and
Date of Receipt)



Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

Resident
714 Redwood Ave.
El Segundo, CA 90245-2058

Resident
718 Redwood Ave.
El Segundo, CA 90245-2058

Resident
722 Redwood Ave.
El Segundo, CA 90245-2058

Resident
726 Redwood Ave.
El Segundo, CA 90245-2058

Resident
730 Redwood Ave.
El Segundo, CA 90245-2058

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster: Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Shipping Actual Value Registered Value

Insured Value

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Resident

770 W Imperial Ave. Unit 83

El Segundo, CA 90245-2057

Resident

770 W Imperial Ave. Unit 82

El Segundo, CA 90245-2057

Resident

770 W Imperial Ave. Unit 81

El Segundo, CA 90245-2057

Resident

770 W Imperial Ave. Unit 80

El Segundo, CA 90245-2057

Resident

770 W Imperial Ave. Unit 79

El Segundo, CA 90245-2057

Total Number of Pieces Listed by Sender

Total Number Received at Post Office



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here

- ☐ Certified ☐ Registered
☐ COD ☐ Return Receipt for Merchandise
☐ Delivery Confirmation ☐ Signature Confirmation
☐ Express Mail ☐ Insured

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value

Insured Value

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1. Article Number

Resident

705 Redwood Ave.

El Segundo, CA 90245-2059

2.

Resident

701 Redwood Ave.

El Segundo, CA 90245-2059

3.

Resident

702 Redwood Ave.

El Segundo, CA 90245-2058

5.

Resident

706 Redwood Ave.

El Segundo, CA 90245-2058

6.

Resident

710 Redwood Ave.

El Segundo, CA 90245-2058

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster: Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value Registered

Insured Value

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Resident

147 Whiting St Apt 4

El Segundo, CA 90245-3656

Resident

147 Whiting St Apt 3

El Segundo, CA 90245-3656

Resident

147 Whiting St Apt 2

El Segundo, CA 90245-3656

Resident

147 Whiting St Apt 1

El Segundo, CA 90245-3656

Resident

144 Whiting St

El Segundo, CA 90245-3653

Total Number of Pieces Listed By Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered

Declared
Value

DC

SC

SH

RD

RR

Fee

1.

Resident

139 Whiting St. Apt. 5

EI Segundo, CA 90245-3679

2.

Resident

143 Whiting St. Unit 3

EI Segundo, CA 90245-3654

4.

Resident

143 Whiting St. Unit 1

EI Segundo, CA 90245-3654

5.

Resident

147 Whiting St. Apt. 6

EI Segundo, CA 90245-3656

7.

Resident

147 Whiting St. Apt. 5

EI Segundo, CA 90245-3656

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name or receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
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certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured Value

Sender
COD

DC

SC

SH

RD

RR

Fee

Fee

1.

Resident

753 Hillcrest St.

El Segundo, CA 90245-2003

2.

Resident

758 Hillcrest St.

El Segundo, CA 90245-2004

3.

Resident

754 Hillcrest St.

El Segundo, CA 90245-2004

4.

Resident

750 Hillcrest St.

El Segundo, CA 90245-2004

5.

Resident

746 Hillcrest St.

El Segundo, CA 90245-2004

6.

Resident

746 Hillcrest St.

El Segundo, CA 90245-2004

7.

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

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☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value if Registered

Insured Value if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



1.

Resident

135 Whiting St. Apt. 1

El Segundo, CA 90245-3654

2.

Resident

139 Whiting St. Apt. 1

El Segundo, CA 90245-3679

4.

Resident

139 Whiting St. Apt. 2

El Segundo, CA 90245-3679

5.

6.

Resident

139 Whiting St. Apt. 3

El Segundo, CA 90245-3679

7.

8.

Resident

139 Whiting St. Apt. 4

El Segundo, CA 90245-3679

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name or receiving endorsement)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

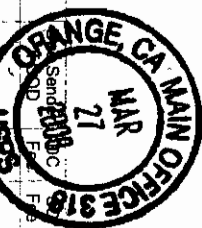
Actual Value
if Registered

Insured
Value

SH
Fee

RD
Fee

RR
Fee



SH

RD

RR

1. Resident
733 Hillcrest St.
El Segundo, CA 90245-2003

2. Resident
735 Hillcrest St.
El Segundo, CA 90245-2003

3. Resident
741 Hillcrest St.
El Segundo, CA 90245-2003

4. Resident
745 Hillcrest St.
El Segundo, CA 90245-2003

5. Resident
749 Hillcrest St.
El Segundo, CA 90245-2003

6. Resident
745 Hillcrest St.
El Segundo, CA 90245-2003

7. Resident
749 Hillcrest St.
El Segundo, CA 90245-2003

8. Resident
749 Hillcrest St.
El Segundo, CA 90245-2003

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Actual
If Registered

Insured
Value

DC

SC

SH

RD

RR

Fee

Fee

Fee

Fee

Fee

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Fee

Fee

Fee

Fee

Fee

Fee

Fee

1. Article Number

Resident

207 Whiting St. Apt. E

EI Segundo, CA 90245-3691

2.

Resident

207 Whiting St. Apt. D

EI Segundo, CA 90245-3691

3.

Resident

207 Whiting St. Apt. C

EI Segundo, CA 90245-3691

4.

5.

Resident

207 Whiting St. Apt. A

EI Segundo, CA 90245-3691

6.

7.

Resident

133 Whiting St. Apt. D

EI Segundo, CA 90245-3664

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insurance
Value
and
COD

DC

SC

SH

RD

RR

1.

Resident

211 Whiting St. Apt. C

El Segundo, CA 90245-3890

2.

Resident

211 Whiting St. Apt. B

El Segundo, CA 90245-3890

4.

Resident

211 Whiting St. Apt. A

El Segundo, CA 90245-3890

5.

Resident

207 Whiting St. Apt. G

El Segundo, CA 90245-3891

6.

Resident

207 Whiting St. Apt. G

El Segundo, CA 90245-3891

7.

Resident

207 Whiting St. Apt. F

El Segundo, CA 90245-3891

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Value
Declared

Due Sender
if COD

DC

SC

SH

RD

RR



Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

1. Resident
820 Hillcrest St.
El Segundo, CA 90245-2024

2. Resident
816 Hillcrest St.
El Segundo, CA 90245-2024

3. Resident
812 Hillcrest St.
El Segundo, CA 90245-2024

4. Resident
808 Hillcrest St.
El Segundo, CA 90245-2024

5. Resident
804 Hillcrest St.
El Segundo, CA 90245-2024

6. Resident
800 Hillcrest St.
El Segundo, CA 90245-2024

7. Resident
700 Hillcrest St.
El Segundo, CA 90245-2024

8. Resident
600 Hillcrest St.
El Segundo, CA 90245-2024

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

☐ Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

1 Article Number

Resident
955 Hillcrest St. Apt. 3
El Segundo, CA 90245-2034

2.

Resident
955 Hillcrest St. Apt. 2
El Segundo, CA 90245-2034

3.

Resident
955 Hillcrest St. Apt. 1
El Segundo, CA 90245-2034

4.

Resident
940 Hillcrest St. Apt. 2
El Segundo, CA 90245-2030

5.

Resident
940 Hillcrest St. Apt. 1
El Segundo, CA 90245-2030

7.

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

[Signature]

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Fee Handling Charge Actual Value if Registered DC Fee SC Fee SH Fee RD Fee RR Fee

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Heating

Ac

Insured

Value

Due Sender

if COD

DC

SC

SH

RD

RR

Fee

Fee

Fee

Fee

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Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value
Due to
Loss
If Claimed

DC

SC

SH

RD

RR

Fee

Fee

Fee

1.

Resident

643 W Palm Ave.

El Segundo, CA 90245-2065

2.

Resident

639 W Palm Ave.

El Segundo, CA 90245-2065

3.

Resident

633 W Palm Ave.

El Segundo, CA 90245-2065

4.

Resident

625 W Palm Ave.

El Segundo, CA 90245-2065

5.

Resident

621 W Palm Ave.

El Segundo, CA 90245-2065

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value Registered

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Resident

665 W Palm Ave.

El Segundo, CA 90245-2065

Resident

661 W Palm Ave.

El Segundo, CA 90245-2065

Resident

657 W Palm Ave.

El Segundo, CA 90245-2065

Resident

653 W Palm Ave.

El Segundo, CA 90245-2065

Resident

647 W Palm Ave.

El Segundo, CA 90245-2065

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Attach Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Registered

Insured
Value

Delivery
Receipt

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



Sender

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

RR
Fee

RR
Fee

RR
Fee

RR
Fee

1.

Resident
674 W Palm Ave.
EI Segundo, CA 90245-2000

2.

Resident
676 W Palm Ave.
EI Segundo, CA 90245-2000

3.

Resident
678 W Palm Ave.
EI Segundo, CA 90245-2000

4.

Resident
669 W Palm Ave.
EI Segundo, CA 90245-2065

5.

Resident
665 1/2 W Palm Ave.
EI Segundo, CA 90245-2065

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a

☐ Certified

☐ Recorded Delivery (International)

☐ Certificate of mailing,
or for additional
copies of this bill)

☐ COD

☐ Registered

☐ Return Receipt for Merchandise

☐ Delivery Confirmation

☐ Signature Confirmation

☐ Express Mail

☐ Signature Confirmation

☐ Insured

☐ Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC

SC

SH

RD

RR

Fee

Fee

Fee

Fee

1.

Resident

705 W Palm Ave.

El Segundo, CA 90245-2067



2.

Resident

650 W Palm Ave.

El Segundo, CA 90245-2000

3.

4.

Resident

684 W Palm Ave.

El Segundo, CA 90245-2000

5.

6.

Resident

654 W Palm Ave.

El Segundo, CA 90245-2000

7.

Resident

660 W Palm Ave.

El Segundo, CA 90245-2000

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Airix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Act
if R

Sender
COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

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6.

7.

8.

Resident
780 W Palm Ave.
El Segundo, CA 90245-2066

Resident
723 W Palm Ave.
El Segundo, CA 90245-2067

Resident
719 W Palm Ave.
El Segundo, CA 90245-2067

Resident
715 W Palm Ave.
El Segundo, CA 90245-2067

Resident
711 W Palm Ave.
El Segundo, CA 90245-2067

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified ☐ Recorded Delivery (International)
☐ COD ☐ Registered
☐ Delivery Confirmation ☐ Return Receipt for Merchandise
☐ Express Mail ☐ Signature Confirmation
☐ Insured

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value

Insured Value

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt



1. Article Number

Resident

710 W Palm Ave.

El Segundo, CA 90245-2066

2.

Resident

708 W Palm Ave.

El Segundo, CA 90245-2066

3.

4.

Resident

714 W Palm Ave.

El Segundo, CA 90245-2066

5.

6.

Resident

716 W Palm Ave.

El Segundo, CA 90245-2066

7.

Resident

770 W Palm Ave.

El Segundo, CA 90245-2066

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
if Registered

Insured
Value

Sender
COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Resident
615 W Elm Ave.
El Segundo, CA 90245-2957

2. Resident
610 W Elm Ave.
El Segundo, CA 90245-2956

3. Resident
618 W Elm Ave.
El Segundo, CA 90245-2956

4. Resident
618 W Elm Ave.
El Segundo, CA 90245-2956

5. Resident
618 W Elm Ave.
El Segundo, CA 90245-2956

6. Resident
622 W Elm Ave.
El Segundo, CA 90245-2956

7. Resident
626 W Elm Ave.
El Segundo, CA 90245-2956

8. Resident
626 W Elm Ave.
El Segundo, CA 90245-2956

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Hand
Change

Actual
Registered

Value

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1. Article Number

Resident
627 W Elm Ave.
El Segundo, CA 90245-2957

2. Article Number

Resident

625 W Elm Ave.
El Segundo, CA 90245-2957

3. Article Number

Resident

621 W Elm Ave.
El Segundo, CA 90245-2957

4. Article Number

5. Article Number

Resident
619 W Elm Ave.
El Segundo, CA 90245-2957

6. Article Number

Resident
617 W Elm Ave.
El Segundo, CA 90245-2957

7. Article Number

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Additional Fee
If Registered

Signature Fee
If COD

Sender Fee

DC Fee

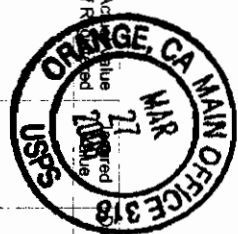
SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



1.

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Resident
622 W Palm Ave.
El Segundo, CA 90245-2064

Resident
628 W Palm Ave.
El Segundo, CA 90245-2064

Resident
630 W Palm Ave.
El Segundo, CA 90245-2064

Resident
634 W Palm Ave. Apt A
El Segundo, CA 90245-2064

Resident
634 W Palm Ave.
El Segundo, CA 90245-2064

Total Number of Pieces
Listed by Sender

Total No.
Received at Post Office

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State & ZIP Code)

Postage

Fee

Handling Charge

Actual Registered Value

Due Sender If COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1.

Resident
617 W Palm Ave.
El Segundo, CA 90245-2065

2.

Resident
613 W Palm Ave.
El Segundo, CA 90245-2065

3.

Resident
606 W Palm Ave.
El Segundo, CA 90245-2064

4.

Resident
612 W Palm Ave.
El Segundo, CA 90245-2064

5.

Resident
618 W Palm Ave.
El Segundo, CA 90245-2064

6.

Resident
612 W Palm Ave.
El Segundo, CA 90245-2064

7.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

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Value

Declared

Insured

Value

Signature

of Sender

If COD

DC

Fee

SC

Fee

SH

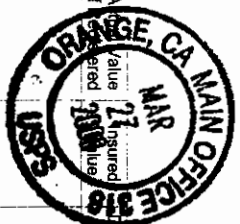
Fee

RD

Fee

RR

Fee



1.

Resident

631 Hillcrest St.

El Segundo, CA 90245-2961

2.

3.

Resident

633 Hillcrest St.

El Segundo, CA 90245-2961

4.

Resident

637 Hillcrest St.

El Segundo, CA 90245-2961

5.

Resident

641 Hillcrest St.

El Segundo, CA 90245-2961

7.

Resident

645 Hillcrest St.

El Segundo, CA 90245-2965

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Weight

Insured

Sender

COD

DC

SC

SH

RD

RR

Fee

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Fee

Fee

Resident
609 Hillcrest St.
El Segundo, CA 90245-2961

Resident

613 Hillcrest St.
El Segundo, CA 90245-2961

Resident

617 Hillcrest St.
El Segundo, CA 90245-2961

Resident

621 Hillcrest St.
El Segundo, CA 90245-2961

Resident

625 Hillcrest St.
El Segundo, CA 90245-2961

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value
if Registered

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Resident

630 W Elm Ave.

El Segundo, CA 90245-2956

Resident

622 Hillcrest St.

El Segundo, CA 90245-2960

Resident

818 Hillcrest St.

El Segundo, CA 90245-2960

Resident

608 Hillcrest St.

El Segundo, CA 90245-2960

Resident

604 Hillcrest St.

El Segundo, CA 90245-2960

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
if R
Value
if R
Value

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



See Privacy Act Statement on Reverse

1.

Resident
517 Hillcrest St.
El Segundo, CA 90245-2859

2.

Resident
521 Hillcrest St.
El Segundo, CA 90245-2859

3.

Resident
525 Hillcrest St.
El Segundo, CA 90245-2859

5.

Resident
529 Hillcrest St.
El Segundo, CA 90245-2859

6.

Resident
533 Hillcrest St.
El Segundo, CA 90245-2859

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Actual
If Registered

Insured
Value

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident
640 Hillcrest St.
El Segundo, CA 90245-2965

2.

Resident
636 Hillcrest St.
El Segundo, CA 90245-2965

3.

Resident
507 Hillcrest St.
El Segundo, CA 90245-2959

4.

Resident
511 Hillcrest St.
El Segundo, CA 90245-2959

5.

Resident
511 Hillcrest St.
El Segundo, CA 90245-2959

6.

7.

Resident
515 Hillcrest St.
El Segundo, CA 90245-2959

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

[Signature]

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Value Insured
if Registered or Insured

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1. Article Number

2. Resident
347 Hillcrest St.
El Segundo, CA 90245-2910

3. Resident
355 Hillcrest St.
El Segundo, CA 90245-2910

4. Resident
359 Hillcrest St.
El Segundo, CA 90245-2910

5. Resident
401 Hillcrest St.
El Segundo, CA 90245-2912

6. Resident
844 W Maple Ave.
El Segundo, CA 90245-2005

7. Resident
844 W Maple Ave.
El Segundo, CA 90245-2005

8. Resident
844 W Maple Ave.
El Segundo, CA 90245-2005

Total Number of Pieces
Listed by Sender

Total No.
Received at Post Office



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
Declared
Insured
If Insured
If COD

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

346 Hillcrest St.

El Segundo, CA 90245-2909

2.

3.

Resident

340 Hillcrest St.

El Segundo, CA 90245-2909

4.

Resident

336 Hillcrest St.

El Segundo, CA 90245-2909

5.

Resident

337 Hillcrest St.

El Segundo, CA 90245-2910

7.

Resident

343 Hillcrest St.

El Segundo, CA 90245-2910

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving Employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(It issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Article Number

Resident

732 W Imperial Ave. Apt 35
El Segundo, CA 90245-2050

Resident

732 W Imperial Ave. Apt 34
El Segundo, CA 90245-2050

Resident

732 W Imperial Ave. Apt 33
El Segundo, CA 90245-2050

Resident

732 W Imperial Ave. Apt 31
El Segundo, CA 90245-2050

Resident

732 W Imperial Ave. Apt 30
El Segundo, CA 90245-2050

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value if Registered

Sender's Declaration of Contents

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



Article Number

Resident
402 Hillcrest St
El Segundo, CA 90245-2911

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value if Registered

Sender's Declaration of Contents

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

2. Resident
402 Hillcrest St
El Segundo, CA 90245-2911

3. Resident
400 Hillcrest St
El Segundo, CA 90245-2911

4. Resident
360 Hillcrest St
El Segundo, CA 90245-2909

5. Resident
356 Hillcrest St
El Segundo, CA 90245-2909

6. Resident
350 Hillcrest St
El Segundo, CA 90245-2909

7. Resident
350 Hillcrest St
El Segundo, CA 90245-2909

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service

Affix Stamp Here
(If issued as a
certificate of mailing,
for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Registered
1000

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



Article Number

1.

Resident

432 Hillcrest St.

El Segundo, CA 90245-2911

2.

Resident

424 Hillcrest St.

El Segundo, CA 90245-2911

3.

Resident

416 Hillcrest St.

El Segundo, CA 90245-2911

4.

6.

Resident

410 Hillcrest St.

El Segundo, CA 90245-2911

7.

Resident

404 Hillcrest St.

El Segundo, CA 90245-2911

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Attach Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
if Received
by addressee

Use Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

732 W Imperial Ave. Apt. 40
EI Segundo, CA 90245-2052

2.

Resident

732 W Imperial Ave. Apt. 39
EI Segundo, CA 90245-2052

3.

Resident

732 W Imperial Ave. Apt. 38
EI Segundo, CA 90245-2050

4.

Resident

732 W Imperial Ave. Apt. 37
EI Segundo, CA 90245-2050

5.

Resident

732 W Imperial Ave. Apt. 36
EI Segundo, CA 90245-2050

6.

7.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handwritten

Charge

Active

Include

Value

Insured

Due

Sender

If COD

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Article Number

Resident

411 Hillcrest St.

El Segundo, CA 90245-2912

Resident

415 Hillcrest St.

El Segundo, CA 90245-2912

Resident

423 Hillcrest St.

El Segundo, CA 90245-2912

Resident

431 1/2 Hillcrest St.

El Segundo, CA 90245-2912

Resident

431 Hillcrest St.

El Segundo, CA 90245-2912

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Regis

Insured
Value

DC

SC

SH

RD

RR

Fee

Resident

720 W Imperial Ave. Apt. 103

EI Segundo, CA 90245-2042

Resident

720 W Imperial Ave. Apt. 102

EI Segundo, CA 90245-2042

Resident

720 W Imperial Ave. Apt. 101

EI Segundo, CA 90245-2042

Resident

732 W Imperial Ave. Apt. 42

EI Segundo, CA 90245-2052

Resident

732 W Imperial Ave. Apt. 41

EI Segundo, CA 90245-2052

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Postage

Fee

Handling
Charge

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Resident

522 Hillcrest St.

El Segundo, CA 90245-2958

Resident

518 Hillcrest St.

El Segundo, CA 90245-2958

Resident

510 Hillcrest St.

El Segundo, CA 90245-2958

Resident

506 Hillcrest St.

El Segundo, CA 90245-2958

Resident

407 Hillcrest St.

El Segundo, CA 90245-2912

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt

Fee Handling Charge

Due Sender If COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



Article Number

1. Resident
951 Hillcrest St. Apt. 6
El Segundo, CA 90245-2072

2. Resident
951 Hillcrest St. Apt. 4
El Segundo, CA 90245-2033

3. Resident
951 Hillcrest St. Apt. 3
El Segundo, CA 90245-2033

4. Resident
951 Hillcrest St. Apt. 2
El Segundo, CA 90245-2033

5. Resident
951 Hillcrest St. Apt. 1
El Segundo, CA 90245-2033

6. Total Number of Pieces Listed by Sender
Total Number of Pieces Received at Post Office
Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
if Registered

Date Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

947 Hillcrest St. Apt. 3

El Segundo, CA 90245-2032

2.

Resident

947 Hillcrest St. Apt. 2

El Segundo, CA 90245-2032

3.

Resident

947 Hillcrest St. Apt. 1

El Segundo, CA 90245-2032

4.

Resident

951 Hillcrest St. Apt. 8

El Segundo, CA 90245-2072

5.

Resident

951 Hillcrest St. Apt. 7

El Segundo, CA 90245-2072

6.

Total Number of Pieces
Listed by Sender

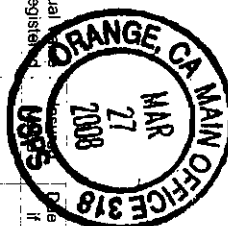
Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here

☐ Certified

☐ Recorded Delivery (International)

☐ (If issued as a certificate of mailing, for additional copies of this bill)

☐ Registered

☐ Return Receipt for Merchandise

☐ Signature Confirmation

☐ Insured

☐ Postage

☐ Fee

☐ Handling

☐ Change

☐ Act

☐ If Rep

☐ Sender

☐ DC

☐ Fee

☐ SC

☐ Fee

☐ SH

☐ Fee

☐ RD

☐ Fee

☐ RR

☐ Fee

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling

Change

Act

If Rep

Sender

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

1.

Resident

947 Hillcrest St. Apt. 8

El Segundo, CA 90245-2070

2.

Resident

947 Hillcrest St. Apt. 7

El Segundo, CA 90245-2070

3.

Resident

947 Hillcrest St. Apt. 6

El Segundo, CA 90245-2070

4.

Resident

947 Hillcrest St. Apt. 5

El Segundo, CA 90245-2070

6.

Resident

947 Hillcrest St. Apt. 4

El Segundo, CA 90245-2032

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Reg.

Sender
COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

118 Whiting St. Apt. 1

El Segundo, CA 90245-6005

2.

3.

Resident

127 Whiting St. Apt. 7

El Segundo, CA 90245-3676

4.

Resident

127 Whiting St. Apt. 6

El Segundo, CA 90245-3676

5.

6.

Resident

127 Whiting St. Apt. 5

El Segundo, CA 90245-3676

7.

8.

Resident

127 Whiting St. Apt. 4

El Segundo, CA 90245-3676

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving company)



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here

Certified
COD
Registered
Return Receipt for Merchandise
Signature Confirmation

Insured

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Value (insured mail only)

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



1. Article Number

Resident
122 Whiting St. Apt. 3
EI Segundo, CA 90245-6004

Resident
122 Whiting St. Apt. 4
EI Segundo, CA 90245-6004

Resident
118 Whiting St. Apt. 4
EI Segundo, CA 90245-6005

Resident
118 Whiting St. Apt. 3
EI Segundo, CA 90245-6005

Resident
118 Whiting St. Apt. 2
EI Segundo, CA 90245-6005

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster: Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee Handling Charge

Actual Value
if Registered

Insured
Value
2008

Due
if Registered

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

2.

3.

4.

5.

6.

7.

8.

Resident
931 Hillcrest St.
El Segundo, CA 90245-2031

Resident
935 Hillcrest St.
El Segundo, CA 90245-2031

Resident
939 Hillcrest St.
El Segundo, CA 90245-2031

Resident
945 Hillcrest St.
El Segundo, CA 90245-2031

Resident
943 Hillcrest St.
El Segundo, CA 90245-2031

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of Recording Employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Attach Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Fee
Handling
Charge

Actual
Insured
Value

Due Sender
if COD

DC
Fee
SC
Fee
SH
Fee
RD
Fee
RR
Fee



1.

Article Number

Resident

136 Whiting St. Apt. 4

El Segundo, CA 90245-3677

2.

Resident

136 Whiting St. Apt. 5

El Segundo, CA 90245-3677

3.

Resident

136 Whiting St. Apt. 6

El Segundo, CA 90245-3677

4.

Resident

122 Whiting St. Apt. 1

El Segundo, CA 90245-6004

5.

Resident

122 Whiting St. Apt. 2

El Segundo, CA 90245-6004

6.

Resident

122 Whiting St. Apt. 3

El Segundo, CA 90245-6004

7.

Resident

122 Whiting St. Apt. 4

El Segundo, CA 90245-6004

8.

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

☐ Certified

☐ Recorded Delivery (International)

☐ COD

☐ Registered

☐ Delivery Confirmation

☐ Return Receipt for Merchandise

☐ Express Mail

☐ Signature Confirmation

☐ Insured

☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due Sender
COD

DC
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Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Article Number

1.

Resident

703 W Pine Ave.

El Segundo, CA 90245-2930

2.

Resident

636 W Pine Ave.

El Segundo, CA 90245-2966

3.

Resident

640 W Pine Ave.

El Segundo, CA 90245-2966

4.

Resident

650 W Pine Ave. Apt A

El Segundo, CA 90245-2966

5.

Resident

650 W Pine Ave.

El Segundo, CA 90245-2966

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
if Reg.

Use Sender
if COD

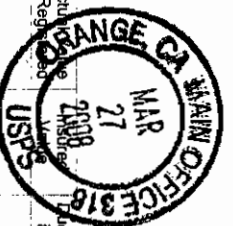
DC

SC

SH

RD

RR



Article Number

1.

Resident

138 Whiting St. Apt. B

El Segundo, CA 90245-3678

2.

Resident

138 Whiting St. Apt. A

El Segundo, CA 90245-3678

3.

Resident

136 Whiting St. Apt. 1

El Segundo, CA 90245-3677

5.

Resident

136 Whiting St. Apt. 2

El Segundo, CA 90245-3677

6.

Resident

136 Whiting St. Apt. 3

El Segundo, CA 90245-3677

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employer)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Registered
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident
723 W Pine Ave.
El Segundo, CA 90245-2930

2.

Resident
721 W Pine Ave.
El Segundo, CA 90245-2930

3.

Resident
717 W Pine Ave.
El Segundo, CA 90245-2930

4.

Resident
711 W Pine Ave.
El Segundo, CA 90245-2930

5.

Resident
709 W Pine Ave.
El Segundo, CA 90245-2930

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Article Number

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Recorded Delivery (International)
☐ Postage

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Fee
Handling
Change

Actual
If Reg

Sender
COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1. Resident
720 W Pine Ave.
El Segundo, CA 90245-2929

2. Resident
724 W Pine Ave.
El Segundo, CA 90245-2929

3. Resident
728 W Pine Ave.
El Segundo, CA 90245-2929

4. Resident
733 W Pine Ave.
El Segundo, CA 90245-2930

5. Resident
731 W Pine Ave.
El Segundo, CA 90245-2930

6. Resident
731 W Pine Ave.
El Segundo, CA 90245-2930

7. Resident
731 W Pine Ave.
El Segundo, CA 90245-2930

8. Resident
731 W Pine Ave.
El Segundo, CA 90245-2930

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

Name and Address of Sender

Check type of mail or service:

Article Number

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Special Value Registered

Insurance

Postmark and Date of Receipt

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Postmark and Date of Receipt

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Postmark and Date of Receipt



1.

Article Number

Resident

640 W Walnut Ave.

El Segundo, CA 90245-2062

2.

Resident

630 W Walnut Ave.

El Segundo, CA 90245-2062

3.

Resident

644 W Walnut Ave.

El Segundo, CA 90245-2062

4.

Resident

642 W Walnut Ave.

El Segundo, CA 90245-2062

5.

Resident

803 Hillcrest St.

El Segundo, CA 90245-2025

6.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Regis

Insured
Value

2008

Under

DC

SC

SH

RD

RR

Resident

723 Loma Vista St.

El Segundo, CA 90245-2106

Resident

727 Loma Vista St.

El Segundo, CA 90245-2106

Resident

700 W Pine Ave.

El Segundo, CA 90245-2929

Resident

706 W Pine Ave.

El Segundo, CA 90245-2929

Resident

712 W Pine Ave.

El Segundo, CA 90245-2929

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving unit/agency)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

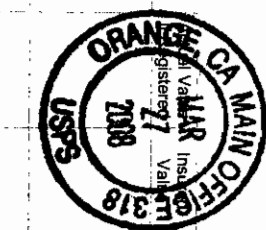
RR
Fee

1

Resident

841 Loma Vista St.

El Segundo, CA 90245-2922



Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

2

Resident

701 Loma Vista St.

El Segundo, CA 90245-2106

4

Resident

709 Loma Vista St.

El Segundo, CA 90245-2106

5

Resident

713 Loma Vista St.

El Segundo, CA 90245-2106

6

7

Resident

717 Loma Vista St.

El Segundo, CA 90245-2106

8

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Value
If Insured

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



Value
If Insured

1. Resident
658 W Walnut Ave.
El Segundo, CA 90245-2062

2. Resident
680 W Walnut Ave.
El Segundo, CA 90245-2062

3. Resident
616 W Walnut Ave.
El Segundo, CA 90245-2062

4. Resident
620 W Walnut Ave.
El Segundo, CA 90245-2062

5. Resident
624 W Walnut Ave.
El Segundo, CA 90245-2062

6. Resident
620 W Walnut Ave.
El Segundo, CA 90245-2062

7. Resident
624 W Walnut Ave.
El Segundo, CA 90245-2062

8. Resident
624 W Walnut Ave.
El Segundo, CA 90245-2062

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Air Mail Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

1.	Article Number	<input type="checkbox"/> Certified	<input type="checkbox"/> Recorded Delivery (International)	Postage	Fee	Handling Charge	Actual Registered Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
		<input type="checkbox"/> COD	<input type="checkbox"/> Registered										
2.		<input type="checkbox"/> Delivery Confirmation	<input type="checkbox"/> Return Receipt for Merchandise										
		<input type="checkbox"/> Express Mail	<input type="checkbox"/> Signature Confirmation										
3.		Insured											
		Address (Name, Street, City, State, & ZIP Code)											



1. Resident
621 Loma Vista St.
El Segundo, CA 90245-2922
2. Resident
625 Loma Vista St.
El Segundo, CA 90245-2922
3. Resident
627 Loma Vista St.
El Segundo, CA 90245-2922
4. Resident
631 Loma Vista St.
El Segundo, CA 90245-2922
5. Resident
635 Loma Vista St.
El Segundo, CA 90245-2922
6. Resident
637 Loma Vista St.
El Segundo, CA 90245-2922
7. Resident
639 Loma Vista St.
El Segundo, CA 90245-2922
8. Resident
641 Loma Vista St.
El Segundo, CA 90245-2922

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insurance
Value

Due to
Postmaster

DC

SC

SH

RD

RR

Fee

Fee

Fee

Resident

618 1/2 Loma Vista St.

El Segundo, CA 90245-2921

Resident

618 Loma Vista St.

El Segundo, CA 90245-2921

Resident

614 Loma Vista St.

El Segundo, CA 90245-2921

Resident

613 Loma Vista St.

El Segundo, CA 90245-2922

Resident

617 Loma Vista St.

El Segundo, CA 90245-2922

Resident

617 Loma Vista St.

El Segundo, CA 90245-2922

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Fee
Handling
Charge

Value
Insured
if over \$500

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



Article Number

Resident

646 W Walnut Ave.

EI Segundo, CA 90245-2062

Resident

648 W Walnut Ave.

EI Segundo, CA 90245-2062

Resident

650 W Walnut Ave.

EI Segundo, CA 90245-2062

Resident

652 1/2 W Walnut Ave.

EI Segundo, CA 90245-2062

Resident

652 W Walnut Ave.

EI Segundo, CA 90245-2062

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of recipient or employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Postage Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
if Reg.

Insured
Value

Sender
FOD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Resident

501 W Mariposa Ave.

El Segundo, CA 90245-2926

Resident

501 W Mariposa Ave. Apt. A

El Segundo, CA 90245-2926

Resident

644 Loma Vista St.

El Segundo, CA 90245-2921

Resident

626 Loma Vista St.

El Segundo, CA 90245-2921

Resident

622 Loma Vista St.

El Segundo, CA 90245-2921

Number of Pieces
d by Sender

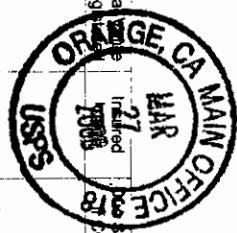
Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Insured

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handwritten

Char

Actual Value

Insured

Value

Due Sender

If COD

DC

Fee

SC

Fee

SH

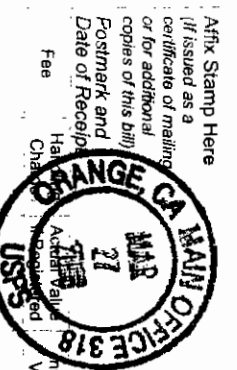
Fee

RD

Fee

RR

Fee



Insured

Value

Due Sender

If COD

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

Article Number

Resident
527 W Mariposa Ave.
El Segundo, CA 90245-2926

Resident
523 W Mariposa Ave.
El Segundo, CA 90245-2926

Resident
517 W Mariposa Ave.
El Segundo, CA 90245-2926

Resident
513 W Mariposa Ave.
El Segundo, CA 90245-2926

Resident
507 W Mariposa Ave.
El Segundo, CA 90245-2926

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Attach Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Insurance
Value
Declared

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Resident

656 W Mariposa Ave.

El Segundo, CA 90245-2962

Resident

541 W Mariposa Ave.

El Segundo, CA 90245-2926

Resident

537 W Mariposa Ave.

El Segundo, CA 90245-2926

Resident

533 W Mariposa Ave.

El Segundo, CA 90245-2926

Resident

529 W Mariposa Ave.

El Segundo, CA 90245-2926

Number of Pieces
Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

77, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postmark

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Fee

Handling
Charge

Actual
if Registered

DC

SC

SH

RD

RR

Fee

Fee

Fee



1.

Resident

638 W Mariposa Ave.

El Segundo, CA 90245-2962

2.

3.

Resident

646 W Mariposa Ave.

El Segundo, CA 90245-2962

4.

Resident

648 W Mariposa Ave.

El Segundo, CA 90245-2962

5.

6.

Resident

650 W Mariposa Ave.

El Segundo, CA 90245-2962

7.

Resident

652 W Mariposa Ave.

El Segundo, CA 90245-2962

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1. Article Number

Resident

846 Hillcrest St.

El Segundo, CA 90245-2028

2.

3.

Resident

840 Hillcrest St.

El Segundo, CA 90245-2026

4.

Resident

838 Hillcrest St.

El Segundo, CA 90245-2026

5.

6.

Resident

834 Hillcrest St.

El Segundo, CA 90245-2026

7.

Resident

835 Hillcrest St.

El Segundo, CA 90245-2027

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due
if Registered

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

2.

3.

4.

5.

6.

7.

8.

Resident
624 W Mariposa Ave.
El Segundo, CA 90245-2962

Resident
628 W Mariposa Ave.
El Segundo, CA 90245-2962

Resident
630 W Mariposa Ave.
El Segundo, CA 90245-2962

Resident
632 W Mariposa Ave.
El Segundo, CA 90245-2962

Resident
640 W Mariposa Ave.
El Segundo, CA 90245-2962

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

Article Number

1.

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Postage

Fee

Handling
Charge

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Resident

600 W Mariposa Ave.

El Segundo, CA 90245-2962

2.

Resident

604 W Mariposa Ave.

El Segundo, CA 90245-2962

4.

Resident

606 W Mariposa Ave.

El Segundo, CA 90245-2962

5.

Resident

624 1/2 W Mariposa Ave. Apt. B

El Segundo, CA 90245-2962

7.

Resident

624 1/2 W Mariposa Ave.

El Segundo, CA 90245-2962

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt

Fee
Handling Charge

Value Insured
2008

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



Value Insured
2008

1. Article Number
Resident
913 Hillcrest St.
El Segundo, CA 90245-2029

2. Resident
917 Hillcrest St.
El Segundo, CA 90245-2029

3. Resident
921 Hillcrest St.
El Segundo, CA 90245-2029

4. Resident
854 Hillcrest St.
El Segundo, CA 90245-2029

5. Resident
850 Hillcrest St.
El Segundo, CA 90245-2029

6. Resident
850 Hillcrest St.
El Segundo, CA 90245-2029

7. Resident
850 Hillcrest St.
El Segundo, CA 90245-2029

8. Total Number of Pieces Listed by Sender
Total Number of Pieces Received at Post Office
Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Postage
Fee
Handling
Charge
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident

621 W Mariposa Ave.

El Segundo, CA 90245-2963

2.

3.

Resident

617 W Mariposa Ave.

El Segundo, CA 90245-2963

4.

Resident

615 W Mariposa Ave.

El Segundo, CA 90245-2963

5.

6.

Resident

603 W Mariposa Ave.

El Segundo, CA 90245-2963

7.

8.

Resident

601 W Mariposa Ave.

El Segundo, CA 90245-2963

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employer)

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

Certified

Recorded Delivery (International)

COD

Registered

Delivery Confirmation

Return Receipt for Merchandise

Express Mail

Signature Confirmation

Insured

Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due to
Sender

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident

724 W Mariposa Ave.

El Segundo, CA 90245-2935

2.

3.

Resident

641 W Mariposa Ave.

El Segundo, CA 90245-2963

4.

Resident

631 W Mariposa Ave.

El Segundo, CA 90245-2963

5.

6.

Resident

627 W Mariposa Ave.

El Segundo, CA 90245-2963

7.

Resident

625 W Mariposa Ave.

El Segundo, CA 90245-2963

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving shipper)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handwritten

Actual Date
if Registered

Due Date

Due Sender
if COD

DC

SC

SH

RD

RR

1.

Resident

930 Hillcrest St.

El Segundo, CA 90245-2030

2.

3.

Resident

667 W Walnut Ave.

El Segundo, CA 90245-2056

4.

Resident

901 Hillcrest St.

El Segundo, CA 90245-2029

5.

6.

Resident

905 Hillcrest St.

El Segundo, CA 90245-2028

7.

Resident

808 Hillcrest St.

El Segundo, CA 90245-2028

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered

Insured
Value

Postmark and
Date of Receipt

DC

Fee

SC

Fee

SH

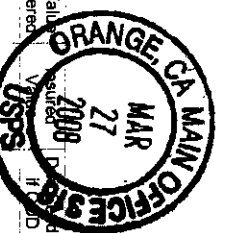
Fee

RD

Fee

RR

Fee



Article Number

1.

Resident

643 W Pine Ave.

El Segundo, CA 90245-2972

2.

Resident

641 W Pine Ave.

El Segundo, CA 90245-2972

3.

Resident

637 W Pine Ave.

El Segundo, CA 90245-2972

4.

Resident

631 W Pine Ave.

El Segundo, CA 90245-2972

5.

Resident

633 W Pine Ave.

El Segundo, CA 90245-2972

6.

Resident

633 W Pine Ave.

El Segundo, CA 90245-2972

7.

Resident

633 W Pine Ave.

El Segundo, CA 90245-2972

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Postmark and Date of Receipt

Due Sender if COD

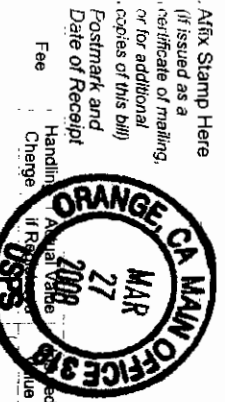
DC Fee

SC Fee

SH Fee

RD Fee

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Article Number

1.

Resident

627 W Pine Ave.

EI Segundo, CA 90245-2972

2.

Resident

629 W Pine Ave.

EI Segundo, CA 90245-2972

4.

Resident

625 W Pine Ave.

EI Segundo, CA 90245-2972

5.

Resident

623 W Pine Ave.

EI Segundo, CA 90245-2972

6.

Resident

619 W Pine Ave.

EI Segundo, CA 90245-2972

7.

Resident

619 W Pine Ave.

EI Segundo, CA 90245-2972

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(It issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Certified

COD

Delivery Confirmation

Express Mail

Insured

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Ad-
value
if insured

27 insured
2008

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Fee

Fee

Fee

Article Number

1.

Resident

886 W Palm Ave.

El Segundo, CA 90245-2000

2.

Resident

882 W Palm Ave.

El Segundo, CA 90245-2000

3.

Resident

700 W Palm Ave.

El Segundo, CA 90245-2066

4.

Resident

702 W Palm Ave.

El Segundo, CA 90245-2066

5.

Resident

704 W Palm Ave.

El Segundo, CA 90245-2066

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Article Number

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Postage

Address (Name, Street, City, State, & ZIP Code)

Fee

Handwritten Stamp

ORANGE CA MAIN OFFICE 378

MAR 27 2008

USPS

Insured Value

Due Sender If COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Complete by Typewriter, Ink, or Ball Point Pen

PS Form 3877, February 2002 (Page 1 of 2)

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
- ☐ COD
- ☐ Delivery Confirmation
- ☐ Express Mail
- ☐ Insured
- ☐ Recorded Delivery (International)
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual if Registered

Postmark and Date of Receipt

Sender

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



Sender

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1. Resident
717 Hillcrest St.
El Segundo, CA 90245-2002

2. Resident
719 Hillcrest St.
El Segundo, CA 90245-2002

3. Resident
706 W Palm Ave.
El Segundo, CA 90245-2066

4. Resident
694 W Palm Ave.
El Segundo, CA 90245-2000

5. Resident
690 W Palm Ave.
El Segundo, CA 90245-2000

6. Resident
690 W Palm Ave.
El Segundo, CA 90245-2000

7. Resident
690 W Palm Ave.
El Segundo, CA 90245-2000

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

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Assessed
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Insured
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Assessed
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Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insurance
Value

Postmark
and
Date of Receipt

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident
411 Valley St.
El Segundo, CA 90245-2934

2.

Resident
413 Valley St.
El Segundo, CA 90245-2934

3.

Resident
417 Valley St.
El Segundo, CA 90245-2934

4.

Resident
421 Valley St.
El Segundo, CA 90245-2934

5.

Resident
427 Valley St.
El Segundo, CA 90245-2934

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

Certified

Recorded Delivery (International)

COD

Registered

Delivery Confirmation

Return Receipt for Merchandise

Express Mail

Signature Confirmation

Insured

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Value Sender
if COD

DC

SC

SH

RD

RR

Fee

Fee

Fee

Article Number

1.

Resident

701 Hillcrest St.

El Segundo, CA 90245-2055

2.

Resident

707 Hillcrest St.

El Segundo, CA 90245-2002

3.

4.

Resident

709 Hillcrest St.

El Segundo, CA 90245-2002

5.

6.

Resident

713 Hillcrest St.

El Segundo, CA 90245-2002

7.

Resident

715 Hillcrest St.

El Segundo, CA 90245-2002

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & Zip Code)

Postage

Fee

Handling Charge

Actual Value if Registered

SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt



1. Article Number

Resident

140 Whiting St. Apt. 6

EI Segundo, CA 90245-3655

3.

Resident

140 Whiting St. Apt. 5

EI Segundo, CA 90245-3655

4.

Resident

140 Whiting St. Apt. 4

EI Segundo, CA 90245-3655

5.

6.

Resident

140 Whiting St. Apt. 3

EI Segundo, CA 90245-3655

7.

8.

Resident

140 Whiting St. Apt. 2

EI Segundo, CA 90245-3655

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Check type of mail or service:

Affix Stamp Here

Recorded Delivery (International)

Registered

Return Receipt for Merchandise

Signature Confirmation

1000

Postage

Handling Charge

value
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7006-ureg

ue Sender
if COD

U.S.

5

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١٠

Article Number

Resident

142 Whiting St Apt. 5

El Segundo, CA 90245-3626

3

Resident

142 Whiting St. Apt. 4

El Segundo, CA 90245-3628

4.

Resident

142 Whiting St. Apt. 3

El Segundo, CA 90245-3628

၈

Resident

142 Whiting St. Apt. 2

El Segundo, CA 90245-3620

7.

8

Resident

142 Whiting St. Apt. 1

El Segundo, CA 90245-3628

**Total Number of Pieces
Received at Post Office**

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Attach Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Resident
742 Hillcrest St.
El Segundo, CA 90245-2004

1. Article Number

Resident

732 Hillcrest St.
El Segundo, CA 90245-2004

2.

Resident

724 Hillcrest St.
El Segundo, CA 90245-2001

3.

Resident

714 Hillcrest St.
El Segundo, CA 90245-2001

4.

Resident

702 Hillcrest St.
El Segundo, CA 90245-2001

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Apply Stamp Here
If issued as a
Certificate of mailing,
attach additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value
If Registered

Insured
Value

Postage
If CO

DC

SC

SH

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RR



1.

Resident

127 Loma Vista St Apt 10

El Segundo, CA 90245-3672

2.

3.

Resident

127 Loma Vista St Apt 9

El Segundo, CA 90245-3672

4.

Resident

127 Loma Vista St Apt 8

El Segundo, CA 90245-3672

5.

6.

Resident

127 Loma Vista St Apt 7

El Segundo, CA 90245-3672

7.

Resident

127 Loma Vista St Apt 6

El Segundo, CA 90245-3672

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Addressee (Name, Street, City, State & ZIP Code)

Postage

Attach Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Fee
Handling
Charge

Actual Value
if Registered
Insured
Value

DC
Fee
SC
Fee
SH
Fee
RD
Fee
RR
Fee



1. Article Number

2. Resident
363 Whiting St.
El Segundo, CA 90245-2907

3. Resident
357 Whiting St.
El Segundo, CA 90245-2907

4. Resident
360 Whiting St.
El Segundo, CA 90245-2908

5. Resident
352 Whiting St.
El Segundo, CA 90245-2908

6. Resident
352 1/2 Whiting St.
El Segundo, CA 90245-2906

7. Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster: Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Air Mail Stamp Here
(If issued as a
certificate of mailing,
or for additional
pieces of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value
\$1000.00

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident

119 Loma Vista St. Apt. 4

El Segundo, CA 90245-3684

2.

3.

Resident

119 Loma Vista St. Apt. 3

El Segundo, CA 90245-3684

4.

Resident

119 Loma Vista St. Apt. 2

El Segundo, CA 90245-3684

5.

6.

Resident

119 Loma Vista St. Apt. 1

El Segundo, CA 90245-3684

7.

8.

Resident

123 Loma Vista St.

El Segundo, CA 90245-3622

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident
148 Loma Vista St Apt 1
El Segundo, CA 90245-3681

2.

Resident
140 Loma Vista St Apt A
El Segundo, CA 90245-3621

3.

Resident

140 Loma Vista St
El Segundo, CA 90245-3621

4.

Resident

140 Loma Vista St
El Segundo, CA 90245-3621

5.

Resident

140 Loma Vista St
El Segundo, CA 90245-3621

6.

Resident

119 Loma Vista St Apt 6
El Segundo, CA 90245-3684

7.

Resident

119 Loma Vista St Apt 5
El Segundo, CA 90245-3684

8.

Resident

119 Loma Vista St Apt 5
El Segundo, CA 90245-3684

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Handwritten signature/initials.

See Privacy Act Statement on Reverse

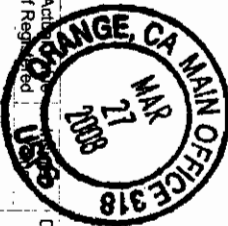
Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
if Registered

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

2.

Resident
341 Whiting St. Rear
El Segundo, CA 90245-2907

3.

Resident
341 Whiting St.
El Segundo, CA 90245-2907

4.

Resident
347 Whiting St.
El Segundo, CA 90245-2907

5.

Resident
351 Whiting St.
El Segundo, CA 90245-2907

6.

8.

Resident
355 Whiting St.
El Segundo, CA 90245-2907

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Value Insured



Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)

Postmark and Date of Receipt

Fee

Handling Charge

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

SH Fee

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RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

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Value Insured

Due Sender if COD

DC Fee

SC Fee

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RD Fee

RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

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RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

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RR Fee

Value Insured

Due Sender if COD

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Value Insured

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Value Insured

Due Sender if COD

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Value Insured

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Value Insured

Due Sender if COD

DC Fee

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Value Insured

Due Sender if COD

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Value Insured

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Value Insured

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Value Insured

Due Sender if COD

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Value Insured

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DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Value Insured

Due Sender if COD

DC Fee

SC Fee

SH Fee

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Article Number

1.

2.

3.

4.

5.

6.

7.

8.

Resident
321 Whiting St.
EI Segundo, CA 90245-2907

Resident
327 Whiting St.
EI Segundo, CA 90245-2907

Resident
333 1/2 Whiting St.
EI Segundo, CA 90245-2907

Resident
333 Whiting St.
EI Segundo, CA 90245-2907

Resident
337 Whiting St.
EI Segundo, CA 90245-2907



Name and Address of Sender

Check type of mail or service:

Article Stamp Here
If issued as a
certificate of mailing,
or for additional
copies of this bill
Postmark and
Date of Receipt

Article Number

1.

Resident

130 Loma Vista St. Apt. A
El Segundo, CA 90245-3685

2.

3.

Resident

126 Loma Vista St. Apt. F
El Segundo, CA 90245-3625

4.

Resident

126 Loma Vista St. Apt. E
El Segundo, CA 90245-3625

5.

6.

Resident

126 Loma Vista St. Apt. D
El Segundo, CA 90245-3625

7.

8.

Resident

126 Loma Vista St. Apt. C
El Segundo, CA 90245-3625

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name or receiving entity)

[Signature]



Name and Address of Sender:

Check type of mail or service:

Stamp Here

Certified
COD
Registered
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Indicate as a
service of mailing,
any additional
charges of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Active
if Registered

Active
if Registered

Active
if Registered

Active
if Registered

Active
if Registered

Active
if Registered

Active
if Registered

Active
if Registered

Active
if Registered

Active
if Registered

Active
if Registered

Active
if Registered



1.

Resident

130 Loma Vista St. Apt. F
El Segundo, CA 90245-3685

2.

Resident

130 Loma Vista St. Apt. E
El Segundo, CA 90245-3685

3.

Resident

130 Loma Vista St. Apt. D
El Segundo, CA 90245-3685

4.

Resident

130 Loma Vista St. Apt. C
El Segundo, CA 90245-3685

5.

6.

Resident

130 Loma Vista St. Apt. B
El Segundo, CA 90245-3685

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

[Handwritten signature]

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Regis.

Insured
Value

Due
Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

135 Loma Vista St Apt 4

El Segundo, CA 90245-3629

2.

Resident

135 Loma Vista St Apt 3

El Segundo, CA 90245-3629

4.

Resident

135 Loma Vista St Apt 2

El Segundo, CA 90245-3629

5.

Resident

135 Loma Vista St Apt 1

El Segundo, CA 90245-3629

7.

Resident

135 Loma Vista St

El Segundo, CA 90245-3622

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service.

Affix Stamp Here

Certified

Recorded Delivery (International)

COD

Registered

Delivery Confirmation

Return Receipt for Merchandise

Express Mail

Signature Confirmation

Insured

Date of Receipt _____

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling

Due Send

DC

50

SH

점

22

Article Number

Resident

120 Loma Vista St Apt D

El Segundo, CA 90245-3623

Resident

120 Loma Vista St Apt C

El Segundo, CA 90245-3623

Resident

120 Loma Vista St Apt B

El Segundo, CA 90245-3623

Resident

120 Loma Vista St Apt A

El Segundo, CA 90245-3623

Resident

132 Loma Vista St Apt 5

El Segundo, CA 90245-3668

3d Number of Pieces
3d by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employer)

Form **3877**, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Registered

Insured

Value

Declared

Sender

DC

SC

SH

RD

RR

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee



1. Article Number

Resident

311 Whiting St.

EI Segundo, CA 90245-2907

2.

Resident

317 Whiting St. Apt. B

EI Segundo, CA 90245-2907

4.

Resident

317 Whiting St.

EI Segundo, CA 90245-2907

5.

Resident

319 Whiting St.

EI Segundo, CA 90245-2907

7.

Resident

321 1/2 Whiting St.

EI Segundo, CA 90245-2907

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Value
If Registered

Insured
Value

Sender
COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident

140 Whiting St. Apt. 1

El Segundo, CA 90245-3655

2.

Resident

138 Whiting St. Apt. F

El Segundo, CA 90245-3678

4.

Resident

138 Whiting St. Apt. E

El Segundo, CA 90245-3678

5.

Resident

138 Whiting St. Apt. D

El Segundo, CA 90245-3678

6.

Resident

138 Whiting St. Apt. C

El Segundo, CA 90245-3678

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered

Insured
Value
by Sender
& COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident

424 Whiting St.

El Segundo, CA 90245-2944

2.

Resident

420 Whiting St.

El Segundo, CA 90245-2944

3.

Resident

416 Whiting St.

El Segundo, CA 90245-2944

4.

Resident

412 1/2 Whiting St.

El Segundo, CA 90245-2944

5.

Resident

412 Whiting St.

El Segundo, CA 90245-2944

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Check type of mail or service:

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)

Addresssee (Name, Street, City, State, & ZIP Code)

Postage

Handling	Fee
...	...

ANGE, CA MAIN OFFICE 318
MAR 27 2008
Value 2008
Issued

Due Sender	DC	SC	SH	RD	RR
------------	----	----	----	----	----

Resident

127 Whiting St Apt 2

El Segundo, CA 90245-3676

Resident

127 Whiting St. Apt 1

El Segundo, CA 90245-3676

Resident

129 Whiting St. Apt. 3

El Segundo, CA 90245-3693

Resident

128 Whiting St. Apt. 2

El Segundo, CA 90245-3693

Resident

129 Whiting St Apt. 1

El Segundo, CA 90245-3693

Postmaster, Per (Name of receiving employee)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Article Number

Certified
COD
Delivery Confirmation
Express Mail
Insured
Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Resident

328 Whiting St.

El Segundo, CA 90245-2906

Resident

320 1/2 Whiting St.

El Segundo, CA 90245-2906

Resident

320 Whiting St.

El Segundo, CA 90245-2906

Resident

316 Whiting St.

El Segundo, CA 90245-2906

Resident

316 1/2 Whiting St.

El Segundo, CA 90245-2906

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Postmark and Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Value Added

Due Sender If COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



1.

Resident

416 Valley St.

El Segundo, CA 90245-2933

2.

Resident

410 Valley St.

El Segundo, CA 90245-2933

3.

Resident

617 W Holly Ave.

El Segundo, CA 90245-2916

4.

Resident

615 W Holly Ave.

El Segundo, CA 90245-2916

5.

6.

Resident

608 W Holly Ave.

El Segundo, CA 90245-2915

7.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Fee

Handling
Charge

Ac
cepted
If Re
turned

Insured
7/20/06

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident

435 Valley St.

El Segundo, CA 90245-2834

2.

3.

Resident

439 Valley St.

El Segundo, CA 90245-2834

4.

Resident

610 W Pine Ave.

El Segundo, CA 90245-2828

5.

6.

Resident

432 Valley St.

El Segundo, CA 90245-2833

7.

8.

Resident

426 Valley St.

El Segundo, CA 90245-2833

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Insurance
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

729 W Pine Ave.

El Segundo, CA 90245-2930

2.

Resident

727 W Pine Ave.

El Segundo, CA 90245-2930

4.

Resident

725 W Pine Ave.

El Segundo, CA 90245-2930

5.

Resident

725 1/2 W Pine Ave.

El Segundo, CA 90245-2930

6.

Resident

723 1/2 W Pine Ave.

El Segundo, CA 90245-2930

7.

Resident

723 1/2 W Pine Ave.

El Segundo, CA 90245-2930

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Attach Stamp Here
(If listed as a
certificate of mailing,
or for additional
charges of this bill)
Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Postage
Paid

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1. Resident
701 W Mariposa Ave.
El Segundo, CA 90245-2984

2. Resident
710 W Mariposa Ave.
El Segundo, CA 90245-2935

3. Resident
714 W Mariposa Ave.
El Segundo, CA 90245-2935

4. Resident
718 W Mariposa Ave.
El Segundo, CA 90245-2935

5. Resident
718 W Mariposa Ave.
El Segundo, CA 90245-2935

6. Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiver or employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Postmark Here
(If issued as a certificate of mailing, or for additional copies of this bill)

☐ Certified

☐ Recorded Delivery (International)

☐ COD

☐ Registered

☐ Delivery Confirmation

☐ Return Receipt for Merchandise

☐ Express Mail

☐ Signature Confirmation

☐ Insured

Postmark and Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value if Registered

Insured Value

Signature of Sender

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1.

Resident

734 Redwood Ave.

El Segundo, CA 90245-2058

2.

Resident

738 Redwood Ave.

El Segundo, CA 90245-2058

3.

Resident

742 Redwood Ave.

El Segundo, CA 90245-2058

4.

Resident

746 Redwood Ave.

El Segundo, CA 90245-2058

5.

Resident

751 W Sycamore Ave.

El Segundo, CA 90245-2061

Total Number of Pieces
Received by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Due Sender If COD

DC Fee SC Fee SH Fee RD Fee RR Fee

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt



1.

Article Number

Resident

411 Whiting St.

El Segundo, CA 90245-2945

2.

Resident

419 Whiting St.

El Segundo, CA 90245-2945

4.

Resident

423 Whiting St.

El Segundo, CA 90245-2945

5.

Resident

427 Whiting St.

El Segundo, CA 90245-2945

6.

Resident

431 Whiting St.

El Segundo, CA 90245-2945

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
If Registered

Signature
If COD

Signature of
Sender

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

648 W Maple Ave.

El Segundo, CA 90245-2005

2.

3.

Resident

650 W Maple Ave.

El Segundo, CA 90245-2005

4.

Resident

654 W Maple Ave.

El Segundo, CA 90245-2005

5.

6.

Resident

680 W Maple Ave.

El Segundo, CA 90245-2005

7.

Resident

670 W Maple Ave.

El Segundo, CA 90245-2005

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident

807 Hillcrest St.

El Segundo, CA 90245-2025

2.

Resident

811 Hillcrest St.

El Segundo, CA 90245-2025

4.

Resident

821 Hillcrest St.

El Segundo, CA 90245-2025

5.

Resident

825 Hillcrest St.

El Segundo, CA 90245-2025

7.

Resident

824 Hillcrest St.

El Segundo, CA 90245-2024

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Fee

Handling
Charge

Actual Value
If Registered

Declared
Value

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Article Number

Resident

408 Whiting St.

EI Segundo, CA 90245-2944

2.

Resident

423 W Holly Ave.

EI Segundo, CA 90245-2937

3.

Resident

423 W Holly Ave.

EI Segundo, CA 90245-2937

4.

Resident

480 W Holly Ave.

EI Segundo, CA 90245-2986

5.

Resident

409 Whiting St.

EI Segundo, CA 90245-2945

6.

7.

Resident

411 1/2 Whiting St.

EI Segundo, CA 90245-2945

8.

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Actual
if Registered

Due Sender
if COD

DC
Fee
SC
Fee
SH
Fee
RD
Fee
RR
Fee

1.

Article Number

Resident

437 Whiting St.

EI Segundo, CA 90245-2945

2.

3.

Resident

443 Whiting St.

EI Segundo, CA 90245-2945

4.

Resident

202 Whiting St.

EI Segundo, CA 90245-3657

5.

6.

Resident

206 Whiting St. Apt 1

EI Segundo, CA 90245-3657

7.

8.

Resident

206 Whiting St. Apt 2

EI Segundo, CA 90245-3657



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

1.	Article Number	<input type="checkbox"/> Certified	<input type="checkbox"/> Registered	Postage	Fee	Handling Charge	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
		<input type="checkbox"/> COD	<input type="checkbox"/> Return Receipt for Merchandise									
		<input type="checkbox"/> Delivery Confirmation	<input type="checkbox"/> Signature Confirmation									
		<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured									
		Addressee (Name, Street, City, State, & ZIP Code)										



2. Resident
206 Whiting St. Apt. 3
El Segundo, CA 90245-3657

3. Resident
210 Whiting St. Unit G
El Segundo, CA 90245-5903

4. Resident
210 Whiting St. Unit F
El Segundo, CA 90245-5903

5. Resident
210 Whiting St. Unit E
El Segundo, CA 90245-5903

6. Resident
210 Whiting St. Unit D
El Segundo, CA 90245-5903

7. Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified

Recorded Delivery (International)

COD

Registered

Delivery Confirmation

Return Receipt for Merchandise

Express Mail

Signature Confirmation

Insured

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Value

Insured

Value

27

1008

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt



DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

RR Fee

RR Fee

RR Fee

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

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Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Postmark and Date of Receipt

Article Number

1.

Resident

770 W Imperial Ave. Unit 78

El Segundo, CA 90245-2057

2.

Resident

770 W Imperial Ave. Unit 77

El Segundo, CA 90245-2057

4.

Resident

770 W Imperial Ave. Unit 76

El Segundo, CA 90245-2057

5.

Resident

770 W Imperial Ave. Unit 75

El Segundo, CA 90245-2057

7.

Resident

770 W Imperial Ave. Unit 74

El Segundo, CA 90245-2057

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Postage
Address (Name, Street, City, State, & ZIP Code)

Article Number

Postage

Fee

Handwritten

Actual

if Reduced

Signature

Due

if COD

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

Resident

732 W Imperial Ave. Apt 29

El Segundo, CA 90245-2050

Resident

732 W Imperial Ave. Apt 28

El Segundo, CA 90245-2049

Resident

732 W Imperial Ave. Apt 27

El Segundo, CA 90245-2049

Resident

732 W Imperial Ave. Apt 25

El Segundo, CA 90245-2049

Resident

732 W Imperial Ave. Apt 24

El Segundo, CA 90245-2049

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
If Registered

Insured
USPS

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1. Article Number

Resident

210 Loma Vista St. Apt. B
El Segundo, CA 90245-3669

2.

3.

Resident

210 Loma Vista St. Apt. A
El Segundo, CA 90245-3669

4.

Resident

216 Loma Vista St. Apt. G
El Segundo, CA 90245-7506

5.

6.

Resident

216 Loma Vista St. Apt. F
El Segundo, CA 90245-7506

7.

Resident

216 Loma Vista St. Apt. E
El Segundo, CA 90245-7506

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt



Due Sender If COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1. Article Number

2. Resident
210 Whiting St. Unit C
El Segundo, CA 90245-5903

3. Resident
210 Whiting St. Unit B
El Segundo, CA 90245-5903

4. Resident
210 Whiting St. Unit A
El Segundo, CA 90245-5903

5. Resident
218 Whiting St. Apt. 4
El Segundo, CA 90245-3680

6. Resident
218 Whiting St. Apt. 4
El Segundo, CA 90245-3680

7. Resident
218 Whiting St. Apt. 3
El Segundo, CA 90245-3860

8. Resident
218 Whiting St. Apt. 3
El Segundo, CA 90245-3860

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing
or for additional
copies of this bill
Postmark and
Date of Receipt)



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Insured Value

Due Sender
if COD

DC
Fee

SG
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

Resident
218 Whiting St. Apt. 2
El Segundo, CA 90245-3660

Resident
218 Whiting St. Apt. 1
El Segundo, CA 90245-3660

Resident
224 1/2 Whiting St.
El Segundo, CA 90245-3657

Resident
224 Whiting St.
El Segundo, CA 90245-3657

Resident
230 Whiting St. Apt. 12
El Segundo, CA 90245-3600

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Insured Value

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Stamp Here
If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



1.

Resident

132 Loma Vista St. Apt. 4

EI Segundo, CA 90245-3668

2.

3.

Resident

132 Loma Vista St. Apt. 3

EI Segundo, CA 90245-3668

4.

Resident

132 Loma Vista St. Apt. 2

EI Segundo, CA 90245-3668

5.

6.

Resident

132 Loma Vista St. Apt. 1

EI Segundo, CA 90245-3668

7.

Resident

138 Loma Vista St. Apt. 5

EI Segundo, CA 90245-3667

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

[Signature]

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handwritten Charge

Acquired if Registered

Insured Value

Due Sender if COD

DC Fee

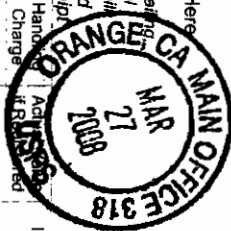
SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(If issued as a certificate of mailing or for additional copies of this bill, Postmark and Date of Receipt)



1.

Article Number

Resident

230 Whitting St. Apt 11

EI Segundo, CA 90245-3600

2.

3.

Resident

230 Whitting St. Apt 10

EI Segundo, CA 90245-3600

4.

Resident

230 Whitting St. Apt 9

EI Segundo, CA 90245-3600

5.

6.

Resident

230 Whitting St. Apt 8

EI Segundo, CA 90245-3600

7.

Resident

230 Whitting St. Apt 7

EI Segundo, CA 90245-3600

8.

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Assessed
Value

Insured
Value

Signature
of Sender

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident

138 Loma Vista St. Apt. 4

El Segundo, CA 90245-3667

2.

3.

Resident

138 Loma Vista St. Apt. 3

El Segundo, CA 90245-3667

4.

Resident

138 Loma Vista St. Apt. 2

El Segundo, CA 90245-3667

5.

6.

Resident

138 Loma Vista St. Apt. 1

El Segundo, CA 90245-3667

7.

8.

Resident

142 Loma Vista St.

El Segundo, CA 90245-3621

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

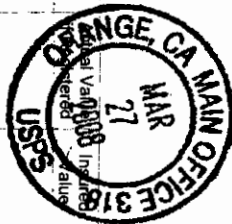
Resident
232 Whiting St. Apt. 6
El Segundo, CA 90245-3634

Resident
232 Whiting St. Apt. 5
El Segundo, CA 90245-3634

Resident
232 Whiting St. Apt. 4
El Segundo, CA 90245-3634

Resident
232 Whiting St. Apt. 3
El Segundo, CA 90245-3634

Resident
723 W Mariposa Ave.
El Segundo, CA 90245-2964



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Postage
Fee
Handling Charge

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Resident

515 W Franklin Ave. Apt. A
EI Segundo, CA 90245-3611

Resident

515 W Franklin Ave. Apt. B
EI Segundo, CA 90245-3611

Resident

417 W Franklin Ave. Apt. 3
EI Segundo, CA 90245-3608

Resident

417 W Franklin Ave. Apt. 2
EI Segundo, CA 90245-3608

Resident

417 W Franklin Ave. Apt. 1
EI Segundo, CA 90245-3608

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

Certified

COD

Delivery Confirmation

Express Mail

Insured

Recorded Delivery (International)

Registered

Return Receipt for Merchandise

Signature Confirmation

Addressee (Name, Street, City, State, & Zip Code)

Postage

Fee

Handling Charge

Actual Registered Value

Issued Value

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

Postmark and
Date of Receipt



Article Number

1.

Resident

232 Whiting St. Apt. 2

EI Segundo, CA 90245-3634

2.

3.

Resident

232 Whiting St. Apt. 1

EI Segundo, CA 90245-3634

4.

5.

Resident

229 Whiting St.

EI Segundo, CA 90245-3690

6.

Resident

225 1/2 Whiting St.

EI Segundo, CA 90245-3690

7.

8.

Resident

225 Whiting St.

EI Segundo, CA 90245-3690

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value

Insurance

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Apply Stamp Here
If issued as a certificate of mailing, or for additional copies of this bill, Postmark and Date of Receipt



1. Article Number

Resident

412 W Franklin Ave.

El Segundo, CA 90245-3607

2.

3.

Resident

410 W Franklin Ave.

El Segundo, CA 90245-3607

4.

Resident

406 W Grand Ave.

El Segundo, CA 90245-3613

5.

6.

Resident

412 W Grand Ave.

El Segundo, CA 90245-3613

7.

8.

Business Patron

12000 Vista Del Mar

Playa Del Rey, CA 90293-8504

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)

☐ Certified

☐ Recorded Delivery (International)

☐ COD

☐ Registered

☐ Delivery Confirmation

☐ Return Receipt for Merchandise

☐ Express Mail

☐ Signature Confirmation

☐ Insured

Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

719 W Mariposa Ave.

El Segundo, CA 90245-2964

2.

3.

Resident

717 W Mariposa Ave.

El Segundo, CA 90245-2964

4.

Resident

713 W Mariposa Ave.

El Segundo, CA 90245-2964

5.

6.

Resident

709 W Mariposa Ave.

El Segundo, CA 90245-2964

7.

Resident

705 W Mariposa Ave.

El Segundo, CA 90245-2964

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Registered Value

Insured Value

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt



1.

Article Number

Resident

221 Whiting St. Apt. 2

EI Segundo, CA 90245-3690

2.

3.

Resident

221 Whiting St. Apt. 1

EI Segundo, CA 90245-3690

4.

Resident

219 Whiting St. Apt. 2

EI Segundo, CA 90245-3690

5.

6.

Resident

219 Whiting St. Apt. 1

EI Segundo, CA 90245-3690

7.

8.

Resident

217 Whiting St. Apt. 2

EI Segundo, CA 90245-3690

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge



Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Article Number

Resident

213 Whiting St. Apt. 2

El Segundo, CA 90245-3690

2.

3.

Resident

213 Whiting St. Apt. 1

El Segundo, CA 90245-3690

4.

Resident

215 Whiting St. Apt. 1

El Segundo, CA 90245-3690

5.

6.

Resident

215 Whiting St. Apt. 2

El Segundo, CA 90245-3690

7.

8.

Resident

215 Whiting St. Apt. 3

El Segundo, CA 90245-3690

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
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☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Actual Value
if Registered

Insured
Value

Due to
Sender

DC

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1.

Resident

424 W Franklin Ave.

El Segundo, CA 90245-3607

2.

3.

Resident

424 1/2 W Franklin Ave.

El Segundo, CA 90245-3607

4.

Resident

422 W Franklin Ave.

El Segundo, CA 90245-3607

5.

6.

Resident

420 W Franklin Ave.

El Segundo, CA 90245-3607

7.

Resident

414 W Franklin Ave.

El Segundo, CA 90245-3607

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
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Express Mail
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Recorded Delivery (International)
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Return Receipt for Merchandise
Signature Confirmation

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Article Number

Addressee (Name, Street, City, State, & ZIP Code)

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Value Insured
\$1000 Value

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
if Registered

Delivery
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

312 Whiting St

EI Segundo, CA 90245-2906

2.

3.

Resident

308 Whiting St Apt 7

EI Segundo, CA 90245-2974

4.

Resident

308 Whiting St Apt 6

EI Segundo, CA 90245-2974

5.

6.

Resident

308 Whiting St Apt 5

EI Segundo, CA 90245-2974

7.

8.

Resident

308 Whiting St Apt 4

EI Segundo, CA 90245-2974



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Weight

Insured Value

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt



Resident

509 W Grand Ave.

El Segundo, CA 90245-3616

Resident

507 W Grand Ave.

El Segundo, CA 90245-3616

Resident

505 W Grand Ave.

El Segundo, CA 90245-3616

Resident

506 W Grand Ave.

El Segundo, CA 90245-3615

Resident

510 W Grand Ave.

El Segundo, CA 90245-3615

Total Number of Pieces

Total Number of Pieces

Postmaster: Do Not Write on this area

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

520 W Grand Ave. Apt G

El Segundo, CA 90245-3616

2.

Resident

520 W Grand Ave, Apt F

El Segundo, CA 90245-3617

3.

4.

Resident

520 W Grand Ave. Apt E

El Segundo, CA 90245-3617

5.

6.

Resident

520 W Grand Ave. Apt D

El Segundo, CA 90245-3617

7.

Resident

520 W Grand Ave. Apt C

El Segundo, CA 90245-3617

8.

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
if Reg.

Sender

DC

SC

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Fee

Fee

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Fee

Fee

Resident

520 W Grand Ave. Apt. M

El Segundo, CA 90245-3618

Resident

520 W Grand Ave. Apt. L

El Segundo, CA 90245-3618

Resident

520 W Grand Ave. Apt. K

El Segundo, CA 90245-3618

Resident

520 W Grand Ave. Apt. J

El Segundo, CA 90245-3618

Resident

520 W Grand Ave. Apt. H

El Segundo, CA 90245-3618

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a
certificate of mailing
or for additional
copies of this bill)
Postmark and
Date of Receipt

Fee
Handling
Charge
Insured
Value

Due Sender
If COD
DC
Fee
SC
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Fee



1.

Resident

308 Whiting St. Apt. 3

EI Segundo, CA 90245-2974

2.

3.

Resident

308 Whiting St. Apt. 2

EI Segundo, CA 90245-2974

4.

Resident

308 Whiting St. Apt. 1

EI Segundo, CA 90245-2974

5.

6.

Resident

304 Whiting St. Apt. 6

EI Segundo, CA 90245-2908

7.

Resident

304 Whiting St. Apt. 5

EI Segundo, CA 90245-2908

8.

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here

Certified

Recorded Delivery (International)

If issued as a certificate of mailing, attach additional copies of this bill

COD

Registered

Return Receipt for Merchandise

Delivery Confirmation

Signature Confirmation

Express Mail

Signature Confirmation

Postmark and Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1.

Resident

304 Whiting St. Apt. 4

EI Segundo, CA 90245-2908

2.

3.

Resident

304 Whiting St. Apt. 3

EI Segundo, CA 90245-2908

4.

Resident

304 Whiting St. Apt. 2

EI Segundo, CA 90245-2908

5.

6.

Resident

304 Whiting St. Apt. 1

EI Segundo, CA 90245-2908

7.

8.

Resident

307 Whiting St.

EI Segundo, CA 90245-2907

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt



1.

Resident

124 Loma Vista St Apt. B
El Segundo, CA 90245-3624

2.

Resident

124 Loma Vista St Apt. F
El Segundo, CA 90245-3624

3.

Resident

124 Loma Vista St.
El Segundo, CA 90245-3621

4.

Resident

120 Loma Vista St. Apt. F
El Segundo, CA 90245-3623

5.

Resident

120 Loma Vista St. Apt. E
El Segundo, CA 90245-3623

6.

Number of Pieces
d by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

m 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
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Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

DC
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1.

Resident

745 Redwood Ave.

El Segundo, CA 90245-2059

2.

Resident

741 Redwood Ave.

El Segundo, CA 90245-2059

3.

Resident

737 Redwood Ave.

El Segundo, CA 90245-2059

4.

Resident

713 Redwood Ave.

El Segundo, CA 90245-2059

5.

Resident

709 Redwood Ave.

El Segundo, CA 90245-2059

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
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☐ Return Receipt for Merchandise
☐ Signature Confirmation

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or for additional
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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

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Actual Value
if Registered

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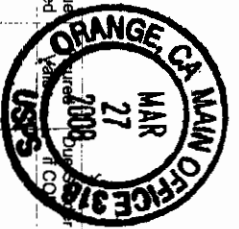
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Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

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Handling
Charge

Actual Value
if Registered

DC Fee
SC Fee
SH Fee
RD Fee
RR Fee



DC Fee
SC Fee
SH Fee
RD Fee
RR Fee

1. Resident
770 W Imperial Ave. Unit 61
El Segundo, CA 90245-2093

2. Resident
770 W Imperial Ave. Unit 60
El Segundo, CA 90245-2093

3. Resident
770 W Imperial Ave. Unit 59
El Segundo, CA 90245-2093

4. Resident
770 W Imperial Ave. Unit 58
El Segundo, CA 90245-2093

5. Resident
770 W Imperial Ave. Unit 57
El Segundo, CA 90245-2093

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

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Actual Value
if Registered

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Resident

622 W Sycamore Ave.

El Segundo, CA 90245-2012

Resident

630 W Sycamore Ave.

El Segundo, CA 90245-2012

Resident

634 W Sycamore Ave.

El Segundo, CA 90245-2012

Resident

638 W Sycamore Ave.

El Segundo, CA 90245-2012

Resident

642 W Sycamore Ave.

El Segundo, CA 90245-2012

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
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Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

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Actual Value
If Registered

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Value

Sender
If COD

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1.

Resident

741 W Sycamore Ave.

El Segundo, CA 90245-2061

2.

3.

Resident

731 W Sycamore Ave.

El Segundo, CA 90245-2061

4.

Resident

721 W Sycamore Ave.

El Segundo, CA 90245-2061

5.

6.

Resident

711 W Sycamore Ave.

El Segundo, CA 90245-2061

7.

Resident

701 W Sycamore Ave.

El Segundo, CA 90245-2061

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State & ZIP Code)

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Actual Value
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Article Number

1.

Resident

770 W Imperial Ave. Unit 68
El Segundo, CA 90245-2093

2.

Resident

770 W Imperial Ave. Unit 67
El Segundo, CA 90245-2093

3.

Resident

770 W Imperial Ave. Unit 66
El Segundo, CA 90245-2093

4.

Resident

770 W Imperial Ave. Unit 65
El Segundo, CA 90245-2093

5.

Resident

770 W Imperial Ave. Unit 64
El Segundo, CA 90245-2093

6.

Resident

770 W Imperial Ave. Unit 64
El Segundo, CA 90245-2093

7.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
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Date of Receipt



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

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Actual Value
If Registered

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Resident
631 W Sycamore Ave.
El Segundo, CA 90245-2013

2.

Resident
600 W Sycamore Ave.
El Segundo, CA 90245-2012

3.

Resident
720 W Imperial Ave. Apt. 307
El Segundo, CA 90245-2045

4.

Resident
720 W Imperial Ave. Apt. 306
El Segundo, CA 90245-2045

5.

Resident
720 W Imperial Ave. Apt. 305
El Segundo, CA 90245-2045

6.

Resident
720 W Imperial Ave. Apt. 305
El Segundo, CA 90245-2045

7.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster: Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Check type of mail or service:

Affix Stamp Here

Recorded Delivery (International)

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Return Receipt for Merchandise

Signature Confirmation

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Article Number

Resident

647 W Sycamore Ave.

El Segundo, CA 90245-2013

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Resident

845 W Sycamore Ave.

EI Segundo, CA 90245-2013

4.

Resident

641 W Sycamore Ave.

EI Segundo, CA 90245-2013

9.

Resident

635 W Sycamore Ave.

EI Segundo, CA 90245-2013

7.

Resident

633 W Sycamore Ave.

El Segundo, CA 90245-2013

8

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
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Date of Receipt



Article Number

Address (Name, Street, City, State, & ZIP Code)

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Resident

770 W Imperial Ave. Unit 73
El Segundo, CA 90245-2057

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Resident

770 W Imperial Ave. Unit 72
El Segundo, CA 90245-2057

4.

Resident

770 W Imperial Ave. Unit 71
El Segundo, CA 90245-2057

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Resident

770 W Imperial Ave. Unit 70
El Segundo, CA 90245-2057

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Resident

770 W Imperial Ave. Unit 69
El Segundo, CA 90245-2057

8.

Total Number of Pieces
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Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

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Delivery Confirmation
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Date of Receipt

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Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
if Reg.

Sender
COD

DC
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1.

Resident

770 W Imperial Ave. Unit 41
El Segundo, CA 90245-2093

2.

3.

Resident

770 W Imperial Ave. Unit 40
El Segundo, CA 90245-2093

4.

Resident

770 W Imperial Ave. Unit 39
El Segundo, CA 90245-2093

5.

6.

Resident

770 W Imperial Ave. Unit 38
El Segundo, CA 90245-2093

7.

8.

Resident

770 W Imperial Ave. Unit 37
El Segundo, CA 90245-2093

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, For Return of Unused Meters



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

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Handling
Charge

Additional
if Registered

Value

Sender
if COD

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1.

Resident

770 W Imperial Ave. Unit 46
El Segundo, CA 90245-2093

2.

Resident

770 W Imperial Ave. Unit 45
El Segundo, CA 90245-2093

3.

Resident

770 W Imperial Ave. Unit 44
El Segundo, CA 90245-2093

4.

Resident

770 W Imperial Ave. Unit 43
El Segundo, CA 90245-2093

5.

Resident

770 W Imperial Ave. Unit 42
El Segundo, CA 90245-2093

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Value
Insured
if COD

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Resident

341 Valley St.

El Segundo, CA 90245-2932

Resident

345 Valley St.

El Segundo, CA 90245-2932

Resident

353 Valley St.

El Segundo, CA 90245-2932

Resident

357 Valley St.

El Segundo, CA 90245-2932

Resident

361 Valley St.

El Segundo, CA 90245-2932

Resident

361 Valley St.

El Segundo, CA 90245-2932

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Fee

if Registered

Sender

Signature

if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Resident

770 W Imperial Ave. Unit 56

El Segundo, CA 90245-2093

Resident

770 W Imperial Ave. Unit 55

El Segundo, CA 90245-2093

Resident

770 W Imperial Ave. Unit 54

El Segundo, CA 90245-2093

Resident

770 W Imperial Ave. Unit 53

El Segundo, CA 90245-2093

Resident

770 W Imperial Ave. Unit 52

El Segundo, CA 90245-2093

Total Number of Pieces Listed by Sender

Total Number Received at Post Office

PS Form 3877, February 2002 (Page 1 of 2)

Complete by typewriter, ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Value

Insured
Value

DC

SC

SH

RD

RR

Resident

770 W Imperial Ave. Unit 51
El Segundo, CA 90245-2093

Resident

770 W Imperial Ave. Unit 50
El Segundo, CA 90245-2093

Resident

770 W Imperial Ave. Unit 49
El Segundo, CA 90245-2093

Resident

770 W Imperial Ave. Unit 48
El Segundo, CA 90245-2093

Resident

770 W Imperial Ave. Unit 47
El Segundo, CA 90245-2093

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
Charge

Signature
Required

Insured
Value

Sender
If COD

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Fee

Fee

1. Resident
770 W Imperial Ave. Unit 20
El Segundo, CA 90245-2054

2. Resident
770 W Imperial Ave. Unit 19
El Segundo, CA 90245-2054

3. Resident
770 W Imperial Ave. Unit 18
El Segundo, CA 90245-2054

4. Resident
770 W Imperial Ave. Unit 17
El Segundo, CA 90245-2054

5. Resident
770 W Imperial Ave. Unit 16
El Segundo, CA 90245-2054

6. Resident
770 W Imperial Ave. Unit 15
El Segundo, CA 90245-2054

7. Resident
770 W Imperial Ave. Unit 14
El Segundo, CA 90245-2054

8. Resident
770 W Imperial Ave. Unit 13
El Segundo, CA 90245-2054

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street City, State, & ZIP Code)

Postage

Fee

Handling
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Actual Value
If Registered

Ind
Value

Sender
If COD

DC
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SC
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SH
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RD
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RR
Fee

1.

Resident
770 W Imperial Ave. Unit 25
El Segundo, CA 90245-2054

3.

Resident
770 W Imperial Ave. Unit 24
El Segundo, CA 90245-2054

4.

Resident
770 W Imperial Ave. Unit 23
El Segundo, CA 90245-2054

5.

Resident
770 W Imperial Ave. Unit 22
El Segundo, CA 90245-2054

6.

Resident
770 W Imperial Ave. Unit 21
El Segundo, CA 90245-2054

8.

Total Number of Pieces
Listed by Sender

Total Nt.
Received at Post Office

(Leave in receiving strip)



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If Issued as a

Certified COD	Recorded Delivery (International) Registered

Delivery Confirmation

Express Mail

Insured

Addressee (Name, Street, City, State, & ZIP Code)

Postage

F-68

Handling Charge

Actual
if Regis

Value

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力

Article Number

→

Resident

308 Loma Vista St Apt 2

EI Segundo, CA 90245-2905

2

3.

Resident

308 Loma Vista St Apt 1

El Segundo, CA 90245-2905

4.

Resident

304 Loma Vista St Apt 6

El Segundo, CA 90245-2903

5

၈

Resident

304 Loma Vista St Apt 5

El Segundo, CA 90245-2903

7.

2

Resident

304 Loma Vista St Apt 4

El Segundo, CA 90245-2903

Total Number of Pieces
Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

~~Concrete~~ by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt



Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1.

Resident
770 W Imperial Ave. Unit 30
EI Segundo, CA 90245-2054

2.

Resident
770 W Imperial Ave. Unit 29
EI Segundo, CA 90245-2054

3.

Resident
770 W Imperial Ave. Unit 28
EI Segundo, CA 90245-2054

4.

Resident
770 W Imperial Ave. Unit 27
EI Segundo, CA 90245-2054

5.

6.

Resident
770 W Imperial Ave. Unit 26
EI Segundo, CA 90245-2054

Total Number of Pieces Listed by Sender

Total Number Received

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Registered

Insurance
Value

Sender
COD

DC
Fee

SC
Fee

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Fee

RD
Fee

RR
Fee



1.

Resident

660 W Imperial Ave. Apt. 19B

EI Segundo, CA 90245-2081

2.

3.

Resident

660 W Imperial Ave. Apt. 19

EI Segundo, CA 90245-2081

4.

Resident

660 W Imperial Ave. Apt. 18

EI Segundo, CA 90245-2080

5.

6.

Resident

660 W Imperial Ave. Apt. 17

EI Segundo, CA 90245-2080

7.

Resident

660 W Imperial Ave. Apt. 16

EI Segundo, CA 90245-2081

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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(If issued as a
certificate of mailing,
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copies of this bill)
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Date of Receipt



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

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If Registered

Dis. Sender
If COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1.

Resident

308 Loma Vista St. Apt. 7
El Segundo, CA 90245-2905

2.

Resident

308 Loma Vista St. Apt. 6
El Segundo, CA 90245-2905

4.

Resident

308 Loma Vista St. Apt. 5
El Segundo, CA 90245-2905

5.

Resident

308 Loma Vista St. Apt. 4
El Segundo, CA 90245-2905

6.

Resident

308 Loma Vista St. Apt. 3
El Segundo, CA 90245-2905

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

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Handling
Charge

Actual
if Registered

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Number

27
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Sender
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RR

Fee

Fee

Fee

Fee

1.

Resident
770 W Imperial Ave. Unit 5
El Segundo, CA 90245-2054

2.

3.

Resident
770 W Imperial Ave. Unit 4
El Segundo, CA 90245-2054

4.

Resident
770 W Imperial Ave. Unit 3
El Segundo, CA 90245-2054

5.

6.

Resident
770 W Imperial Ave. Unit 2
El Segundo, CA 90245-2054

7.

8.

Resident
770 W Imperial Ave. Unit 1
El Segundo, CA 90245-2054

Total Number of Pieces
Listed by Sender

Total No.
Received at Post Office

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

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Charge

Actual
If Reg.

Sender
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1.

Resident

770 W Imperial Ave. Unit 10

El Segundo, CA 90245-2054

2.

3.

Resident

770 W Imperial Ave. Unit 9

El Segundo, CA 90245-2054

4.

Resident

770 W Imperial Ave. Unit 8

El Segundo, CA 90245-2054

5.

6.

Resident

770 W Imperial Ave. Unit 7

El Segundo, CA 90245-2054

7.

8.

Resident

770 W Imperial Ave. Unit 8

El Segundo, CA 90245-2054

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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If issued as a
certificate of mailing,
or for additional
copies of this bill
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insurance
Value

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1. Resident
708 W Acacia Ave.
El Segundo, CA 90245-2018

2. Resident
712 W Acacia Ave.
El Segundo, CA 90245-2018

3. Resident
716 W Acacia Ave.
El Segundo, CA 90245-2018

4. Resident
720 W Acacia Ave.
El Segundo, CA 90245-2018

5. Resident
724 W Acacia Ave.
El Segundo, CA 90245-2018

6. Resident
728 W Acacia Ave.
El Segundo, CA 90245-2018

7. Resident
732 W Acacia Ave.
El Segundo, CA 90245-2018

8. Resident
736 W Acacia Ave.
El Segundo, CA 90245-2018

Total Number of Pieces
Listed by Sender

Total No.
Received at Post Office

Signature of person
delivering mail (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

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Charge

Actual Value
if Registered

Insured
Value
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1.

Article Number

Resident

349 Loma Vista St.

El Segundo, CA 90245-2902

2.

Resident

353 Loma Vista St.

El Segundo, CA 90245-2902

4.

Resident

362 Loma Vista St.

El Segundo, CA 90245-2901

5.

Resident

358 Loma Vista St.

El Segundo, CA 90245-2901

6.

Resident

352 Loma Vista St.

El Segundo, CA 90245-2901

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified

COD

Delivery Confirmation

Express Mail

Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)

Postmark and
Date of Receipt

Fee

Handling
Charge

Actual Value
if Registered

DC
Fee

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RR
Fee



Article Number

1.

Resident

660 W Imperial Ave. Apt. 4

El Segundo, CA 90245-2081

2.

3.

Resident

660 W Imperial Ave. Apt. 3

El Segundo, CA 90245-2081

4.

5.

Resident

660 W Imperial Ave. Apt. 2

El Segundo, CA 90245-2080

6.

Resident

660 W Imperial Ave. Apt. 1

El Segundo, CA 90245-2080

7.

8.

Resident

704 W Acacia Ave.

El Segundo, CA 90245-2018

Total Number of Pieces
Listed by Sender

Total N
Received at Post Office

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual if Registered

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



1.

Resident

660 W Imperial Ave. Apt. 10

EI Segundo, CA 90245-2081

2.

Resident

660 W Imperial Ave. Apt. 9

EI Segundo, CA 90245-2081

4.

Resident

660 W Imperial Ave. Apt. 8

EI Segundo, CA 90245-2081

6.

Resident

660 W Imperial Ave. Apt. 7

EI Segundo, CA 90245-2080

7.

8.

Resident

660 W Imperial Ave. Apt. 5

EI Segundo, CA 90245-2080

Total Number of Pieces Listed by Sender

Total Nr. Received

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Reg.

Sender

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Sender

DC

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Fee

1. Resident
323 Loma Vista St.
El Segundo, CA 90245-2902

2. Resident
337 Loma Vista St.
El Segundo, CA 90245-2902

3. Resident
339 Loma Vista St.
El Segundo, CA 90245-2902

4. Resident
343 Loma Vista St.
El Segundo, CA 90245-2902

5. Resident
345 Loma Vista St.
El Segundo, CA 90245-2902

6. Resident
345 Loma Vista St.
El Segundo, CA 90245-2902

7. Resident
345 Loma Vista St.
El Segundo, CA 90245-2902

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

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Fee

Resident

660 W Imperial Ave. Apt. 15
El Segundo, CA 90245-2061

Resident

660 W Imperial Ave. Apt. 14
El Segundo, CA 90245-2081

Resident

660 W Imperial Ave. Apt. 13
El Segundo, CA 90245-2080

Resident

660 W Imperial Ave. Apt. 12
El Segundo, CA 90245-2080

Resident

660 W Imperial Ave. Apt. 11
El Segundo, CA 90245-2080

Resident

660 W Imperial Ave. Apt. 10
El Segundo, CA 90245-2080

Resident

660 W Imperial Ave. Apt. 9
El Segundo, CA 90245-2080

Resident

660 W Imperial Ave. Apt. 8
El Segundo, CA 90245-2080

Resident

660 W Imperial Ave. Apt. 7
El Segundo, CA 90245-2080

Resident

660 W Imperial Ave. Apt. 6
El Segundo, CA 90245-2080

Resident

660 W Imperial Ave. Apt. 5
El Segundo, CA 90245-2080

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
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certificate of mailing,
or for additional
copies of this bill)

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Registered

Sender

DC

SC

SH

RD

RR

Resident
645 W Acacia Ave.
El Segundo, CA 90245-2017

Resident
641 W Acacia Ave.
El Segundo, CA 90245-2017

Resident
639 W Acacia Ave.
El Segundo, CA 90245-2017

Resident
637 W Acacia Ave.
El Segundo, CA 90245-2017

Resident
635 W Acacia Ave.
El Segundo, CA 90245-2017

Resident
633 W Acacia Ave.
El Segundo, CA 90245-2017

Resident
631 W Acacia Ave.
El Segundo, CA 90245-2017

Resident
629 W Acacia Ave.
El Segundo, CA 90245-2017

Resident
627 W Acacia Ave.
El Segundo, CA 90245-2017

Resident
625 W Acacia Ave.
El Segundo, CA 90245-2017

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
Value if
Insured
if Registered

Sender
if COD

DC
Fee

SC
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Fee

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Fee

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Fee

Resident

305 Loma Vista St. Apt. 2

El Segundo, CA 90245-2904

Resident

305 Loma Vista St. Apt. 1

El Segundo, CA 90245-2904

Resident

311 Loma Vista St.

El Segundo, CA 90245-2902

Resident

317 Loma Vista St.

El Segundo, CA 90245-2902

Resident

321 Loma Vista St.

El Segundo, CA 90245-2902

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual if Registered

Insured Value

Postmaster's Mark

Postmark and Date of Receipt

Postage and Fee

Postage and Fee

Postage and Fee

Postage and Fee

Postage and Fee

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Postage and Fee

Postage and Fee



1. Resident
846 1/2 W Acacia Ave.
El Segundo, CA 90245-2016

2. Resident
646 W Acacia Ave.
El Segundo, CA 90245-2016

3. Resident
650 W Acacia Ave.
El Segundo, CA 90245-2016

4. Resident
654 W Acacia Ave.
El Segundo, CA 90245-2016

5. Resident
654 W Acacia Ave.
El Segundo, CA 90245-2016

6. Resident
656 W Acacia Ave.
El Segundo, CA 90245-2016

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Article
Value
If Registered
Value

Due Sender
If COD

DC Fee
SC Fee
SH Fee
RD Fee
RR Fee

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



1.

Article Number

Resident

601 W Grand Ave. Apt. A
EI Segundo, CA 90245-3620

2.

3.

Resident

601 W Grand Ave.
EI Segundo, CA 90245-3620

4.

Resident

305 Loma Vista St. Apt. 5
EI Segundo, CA 90245-2904

5.

6.

Resident

305 Loma Vista St. Apt. 4
EI Segundo, CA 90245-2904

7.

8.

Resident

305 Loma Vista St. Apt. 3
EI Segundo, CA 90245-2904

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Address (Name, Street, City, State & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Weight

Insured
Value

Signature
Required

Sender
COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

Article Number

Resident

728 W Acacia Ave.

El Segundo, CA 90245-2018

Resident

732 W Acacia Ave.

El Segundo, CA 90245-2018

Resident

715 W Acacia Ave.

El Segundo, CA 90245-2019

Resident

707 W Acacia Ave.

El Segundo, CA 90245-2019



Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

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Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered

Insurance
Fee
for COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1. Resident
725 W Oak Ave.
El Segundo, CA 90245-2011

2. Resident
719 W Oak Ave.
El Segundo, CA 90245-2011

3. Resident
715 W Oak Ave.
El Segundo, CA 90245-2011

4. Resident
711 W Oak Ave.
El Segundo, CA 90245-2011

5. Resident
707 W Oak Ave.
El Segundo, CA 90245-2011

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Duration

DC

SC

SH

RD

RR

Resident

304 Loma Vista St Apt 3

El Segundo, CA 90245-2903

1.

Resident

304 Loma Vista St Apt 2

El Segundo, CA 90245-2903

2.

Resident

304 Loma Vista St Apt 1

El Segundo, CA 90245-2903

3.

Resident

603 W Grand Ave.

El Segundo, CA 90245-3620

4.

Resident

601 W Grand Ave. Apt. B

El Segundo, CA 90245-3620

5.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

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Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
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- ☐ Certified
☐ COD
☐ Registered
☐ Delivery Confirmation
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Insured

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Due Sender if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1.

Article Number

Resident
520 W Grand Ave. Apt. A
El Segundo, CA 90245-3617



2.

3.

Resident
301 Vista Del Mar
El Segundo, CA 90245-3650

4.

Resident
210 Loma Vista St. Apt. E
El Segundo, CA 90245-3669

6.

Resident
210 Loma Vista St. Apt. D
El Segundo, CA 90245-3669

7.

Resident
210 Loma Vista St. Apt. C
El Segundo, CA 90245-3669

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

[Signature]

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt

1. Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value if Registered

Sender

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



2.

Resident
734 W Mariposa Ave.
El Segundo, CA 90245-2935

3.

Resident
736 W Mariposa Ave.
El Segundo, CA 90245-2935

4.

Resident
742 W Mariposa Ave.
El Segundo, CA 90245-2935

5.

Resident
740 W Mariposa Ave.
El Segundo, CA 90245-2935

7.

Resident
738 W Mariposa Ave.
El Segundo, CA 90245-2935

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If used as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
if Registered

Insurance
if Declared

Signature
if COD

DC

SC

SH

RD

RR

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

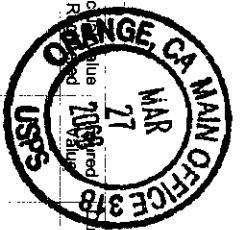
Fee

Fee

Fee

Fee

Fee



1.

Resident

427 Loma Vista St.

El Segundo, CA 90245-2918

2.

Resident

433 Loma Vista St.

El Segundo, CA 90245-2918

3.

Resident

435 Loma Vista St.

El Segundo, CA 90245-2918

4.

Resident

443 Loma Vista St.

El Segundo, CA 90245-2918

5.

Resident

503 Loma Vista St.

El Segundo, CA 90245-2920

6.

Resident

503 Loma Vista St.

El Segundo, CA 90245-2920

7.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Ac

If Re

Due

2004

Mar

27

Postmarked

Fee

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

1. Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Ac

If Re

Due

2004

Mar

27

Postmarked

Fee

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

2. Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Ac

If Re

Due

2004

Mar

27

Postmarked

Fee

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

3. Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Ac

If Re

Due

2004

Mar

27

Postmarked

Fee

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

4. Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Ac

If Re

Due

2004

Mar

27

Postmarked

Fee

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

5. Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Ac

If Re

Due

2004

Mar

27

Postmarked

Fee

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

6. Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Ac

If Re

Due

2004

Mar

27

Postmarked

Fee

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

7. Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Ac

If Re

Due

2004

Mar

27

Postmarked

Fee

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

8. Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee
Handling
Charge

Ac

If Re

Due

2004

Mar

27

Postmarked

Fee

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, I am (I declare) receiving employees

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual if Registered

Included in COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt



1.

Resident

403 Loma Vista St.

El Segundo, CA 90245-2918

2.

3.

Resident

408 Loma Vista St.

El Segundo, CA 90245-2918

4.

Resident

413 Loma Vista St.

El Segundo, CA 90245-2918

5.

6.

Resident

417 Loma Vista St.

El Segundo, CA 90245-2918

7.

Resident

423 Loma Vista St.

El Segundo, CA 90245-2918

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Posting

Fee

Handling
Charge

Value
Declared/Insured/Value

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.



Resident
231 Loma Vista St Apt B
El Segundo, CA 90245-3633

Resident
231 Loma Vista St Apt A
El Segundo, CA 90245-3633

Resident
222 Loma Vista St Apt D
El Segundo, CA 90245-3636

Resident
222 Loma Vista St Apt C
El Segundo, CA 90245-3636

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered

Insured
Value

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

428 Loma Vista St.

El Segundo, CA 90245-2917

2.

Resident

422 Loma Vista St.

El Segundo, CA 90245-2917

3.

Resident

418 Loma Vista St.

El Segundo, CA 90245-2917

4.

Resident

412 Loma Vista St.

El Segundo, CA 90245-2917

6.

Resident

408 Loma Vista St.

El Segundo, CA 90245-2917

7.

8.

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
for additional
copies of this bill)

Certified

Recorded Delivery (International)

COD

Registered

Delivery Confirmation

Return Receipt for Merchandise

Express Mail

Signature Confirmation

Insured

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value

Insured Value

Sender

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1. Article Number

Resident

216 Loma Vista St. Apt. A

El Segundo, CA 90245-7506

3.

Resident

216 Loma Vista St. Apt. D

El Segundo, CA 90245-7505

4.

Resident

216 Loma Vista St. Apt. C

El Segundo, CA 90245-7505

5.

6.

Resident

216 Loma Vista St. Apt. B

El Segundo, CA 90245-7505

7.

8.

Resident

222 Loma Vista St. Apt. A

El Segundo, CA 90245-3636

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

[Signature]

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
if registered

Insured
if registered

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Article Number

Resident

316 Loma Vista St.

El Segundo, CA 90245-2901

2.

Resident

312 Loma Vista St.

El Segundo, CA 90245-2901

3.

4.

Resident

312 1/2 Loma Vista St.

El Segundo, CA 90245-2901

5.

6.

Resident

436 Loma Vista St.

El Segundo, CA 90245-2917

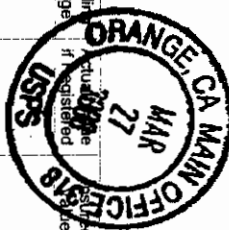
7.

8.

Resident

430 Loma Vista St.

El Segundo, CA 90245-2917



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
no for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Value
Declared

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1. Article Number

2. Resident
201 Loma Vista St Apt C
El Segundo, CA 90245-3694

3. Resident
201 Loma Vista St Apt B
El Segundo, CA 90245-3694

4. Resident
201 Loma Vista St Apt A
El Segundo, CA 90245-3694

5. Resident
201 Loma Vista St
El Segundo, CA 90245-3631

6. Resident
201 Loma Vista St
El Segundo, CA 90245-3631

7. Resident
139 Loma Vista St
El Segundo, CA 90245-3622

8. Resident
139 Loma Vista St
El Segundo, CA 90245-3622

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Weight
If Registered

Sender
COD

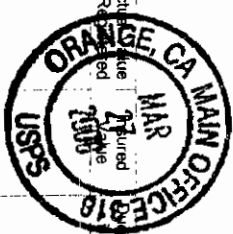
DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Resident
223 Loma Vista St. Apt A
El Segundo, CA 90245-3633

2.

Resident
217 Loma Vista St. Apt A
El Segundo, CA 90245-3633

3.

4.

Resident
215 Loma Vista St. Apt A
El Segundo, CA 90245-3633

5.

Resident
215 Loma Vista St.
El Segundo, CA 90245-3633

6.

7.

Resident
213 Loma Vista St.
El Segundo, CA 90245-3633

Total Number of Pieces
Listed by Sender

Total No.
Received at Post Office

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Weight

if Registered

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



Att.: Stamp Here
if issued as a
certificate of mailing,
or for additional
copies of this bill
Postmark and
Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

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RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

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Postmark and Date of Receipt

Sender's ZIP Code

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Sender's ZIP Code

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Postmark and Date of Receipt

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RD Fee

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Postmark and Date of Receipt

Sender's ZIP Code

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Postmark and Date of Receipt

Sender's ZIP Code

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Postmark and Date of Receipt

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Postmark and Date of Receipt

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Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

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RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Postmark and Date of Receipt

Sender's ZIP Code

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

RR
Fee

RR
Fee

RR
Fee

RR
Fee



Article Number

1.

Resident

207 1/2 Loma Vista St

El Segundo, CA 90245-3633

2.

Resident

207 Loma Vista St

El Segundo, CA 90245-3633

3.

Resident

205 Loma Vista St Apt B

El Segundo, CA 90245-3695

4.

Resident

205 Loma Vista St Apt A

El Segundo, CA 90245-3695

5.

Resident

201 Loma Vista St Apt D

El Segundo, CA 90245-3694

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
If issued as a
certificate of mailing,
or additional
copies of this bill
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
if Registered

Insured
Value

Signature
of Sender

DC

SC

SH

RD

RR

Fee

Fee

Fee

Fee



Resident
227 Loma Vista St.
El Segundo, CA 90245-3633

Resident

227 Loma Vista St. Apt. B
El Segundo, CA 90245-3633

Resident

227 Loma Vista St. Apt. A
El Segundo, CA 90245-3633

Resident

223 Loma Vista St. Apt. C
El Segundo, CA 90245-3633

Resident

223 Loma Vista St. Apt. B
El Segundo, CA 90245-3633

Total Number of Pieces
Listed by Sender

Total No.
Received at Post Office

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street City, State, & ZIP Code)

Postage

Fee

Handling Charge

Assured if Registered

Value if Insured

Signature of Sender

Date of Receipt

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee



1. Article Number

2.

3.

4.

5.

6.

7.

8.

Resident
332 Whiting St.
EI Segundo, CA 90245-2906

Resident
442 Whiting St.
EI Segundo, CA 90245-2944

Resident
438 Whiting St.
EI Segundo, CA 90245-2944

Resident
432 Whiting St.
EI Segundo, CA 90245-2944

Resident
426 Whiting St.
EI Segundo, CA 90245-2944

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Postage Stamp Here
If used as a
percentage of mailing,
attach additional
copies of this bill
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
if Registered

Value

Sender

DC

SC

SH

RD

RR

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

Fee

1.

Resident
517 W Franklin Ave.
El Segundo, CA 90245-3611

2.

Resident
146 Loma Vista St Apt 5
El Segundo, CA 90245-3661

3.

Resident
146 Loma Vista St Apt 4
El Segundo, CA 90245-3661

4.

Resident
146 Loma Vista St Apt 3
El Segundo, CA 90245-3661

5.

Resident
146 Loma Vista St Apt 2
El Segundo, CA 90245-3661

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, for payment of postage only

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Value
Insured
Declared Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1. Resident
143 Loma Vista St.
El Segundo, CA 90245-3622

2. Resident
145 Loma Vista St.
El Segundo, CA 90245-3622

3. Resident
145 1/2 Loma Vista St.
El Segundo, CA 90245-3622

4. Resident
622 W Franklin Ave.
El Segundo, CA 90245-3671

5. Resident
527 W Franklin Ave.
El Segundo, CA 90245-3611

6. Resident
527 W Franklin Ave.
El Segundo, CA 90245-3611

7. Resident
527 W Franklin Ave.
El Segundo, CA 90245-3611

8. Total Number of Pieces
Listed by Sender

Total N.
Received at PUSH Unit

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



Value
Insured
Value

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

2.

Resident
346 Whiting St.
El Segundo, CA 90245-2906

3.

Resident
342 Whiting St.
El Segundo, CA 90245-2906

4.

Resident
338 1/2 Whiting St.
El Segundo, CA 90245-2906

5.

Resident
338 Whiting St.
El Segundo, CA 90245-2906

6.

7.

8.

Resident
334 Whiting St.
El Segundo, CA 90245-2906

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured

Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(if issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Rate

Mail
Class

Sender
COD

DC

SC

SH

RD

RR

Fee

1.	Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Rate	Mail Class	Sender COD	DC	SC	SH	RD	RR
----	----------------	---	---------	-----	-----------------	-------------	------------	------------	----	----	----	----	----

Resident

127 Loma Vista St Apt 5

El Segundo, CA 90245-3626

3. Resident

127 Loma Vista St Apt 4

El Segundo, CA 90245-3626

4. Resident

127 Loma Vista St Apt 3

El Segundo, CA 90245-3626

6. Resident

127 Loma Vista St Apt 2

El Segundo, CA 90245-3626

8. Resident

127 Loma Vista St Apt 1

El Segundo, CA 90245-3626

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified COD	Recorded Delivery (International) Registered
Delivery Confirmation	Return Receipt for Merchandise
Express Mail	Signature Confirmation
Insured	

Affix Stamp Here
(If issued as a
certificate of mailing
or for additional
copies of this bill)

Article Number

Addresssee (Name, Street, City, State, & ZIP Code)

Postage

Free

Handling Charge

Actual Value
if Registered

~~Value~~

due Sander
if COD

DC
Free

SC
FeeSH
FeeRD
Fee

For

ORANGE, CA MAIN OFFICE 318
MAR 27 2008
USPS

2. El Segundo, CA 90245-2010

4. **El Segundo, CA 90243-2010**

El Segundo, CA 90245-2010

El Segundo, CA 90245-2010

El Segundo, CA 90245-2011

**Total Number of Pieces
Listed by Sender**

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered

Insurance
Fee

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

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It is void as a
substitute of mailing,
or for additional
copies of this bill
Postmark and
Date of Receipt



Article Number

1.

Resident

626 W Acacia Ave.

El Segundo, CA 90245-2016

2.

Resident

632 W Acacia Ave.

El Segundo, CA 90245-2016

3.

4.

Resident

636 W Acacia Ave.

El Segundo, CA 90245-2016

5.

Resident

638 W Acacia Ave.

El Segundo, CA 90245-2016

6.

7.

Resident

704 W Oak Ave.

El Segundo, CA 90245-2010

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due to Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

Article Number

2.

Resident
508 W Holly Ave.
El Segundo, CA 90245-2913

3.

Resident
510 W Holly Ave.
El Segundo, CA 90245-2913

4.

Resident
520 W Holly Ave.
El Segundo, CA 90245-2913

5.

Resident
515 W Holly Ave.
El Segundo, CA 90245-2914

7.

8.

Resident
513 W Holly Ave.
El Segundo, CA 90245-2914

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

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Handling
Charge

Actual Value
if Registered

Insured
Value
USPS

Due to Sender
if COD

DC
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SH
Fee

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Fee

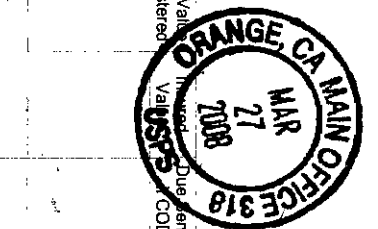
RR
Fee

1.

Resident

631 W Acacia Ave.

El Segundo, CA 90245-2017



2.

3.

Resident

627 W Acacia Ave.

El Segundo, CA 90245-2017

4.

Resident

616 W Acacia Ave.

El Segundo, CA 90245-2016

5.

6.

Resident

620 W Acacia Ave.

El Segundo, CA 90245-2016

7.

Resident

624 W Acacia Ave.

El Segundo, CA 90245-2016

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

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certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

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Sender

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1. Article Number
Resident
631 W Oak Ave.
El Segundo, CA 90245-2009

2. Resident
629 W Oak Ave.
El Segundo, CA 90245-2009

3. Resident
627 W Oak Ave.
El Segundo, CA 90245-2009

4. Resident
625 W Oak Ave.
El Segundo, CA 90245-2009

5. Resident
619 W Oak Ave.
El Segundo, CA 90245-2009

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered

Value

Due Sender
If COD

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Fee

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Fee

1.

2.

3.

4.

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7.

8.

Resident

522 Loma Vista St.

El Segundo, CA 90245-2919

Resident

518 Loma Vista St.

El Segundo, CA 90245-2919

Resident

512 Loma Vista St.

El Segundo, CA 90245-2919

Resident

508 Loma Vista St.

El Segundo, CA 90245-2919

Resident

502 Loma Vista St.

El Segundo, CA 90245-2919

Name and Address of Sender

Check type of mail or service:

Article Number

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Fee

Handling
Charge

Actual Value
If Registered

Insured
Value

DC
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Fee

1.

Resident

659 W Oak Ave.

El Segundo, CA 90245-2009

2.

Resident

649 W Oak Ave.

El Segundo, CA 90245-2009

3.

Resident

641 W Oak Ave.

El Segundo, CA 90245-2009

4.

5.

Resident

639 W Oak Ave.

El Segundo, CA 90245-2009

6.

Resident

635 W Oak Ave.

El Segundo, CA 90245-2009

7.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Due Sender
COD
DC Fee
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RD Fee
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1.

Article Number

Resident

638 W Oak Ave.

El Segundo, CA 90245-2008

2.

Resident

642 W Oak Ave.

El Segundo, CA 90245-2008

4.

Resident

660 W Oak Ave.

El Segundo, CA 90245-2008

5.

6.

Resident

728 W Mariposa Ave.

El Segundo, CA 90245-2835

7.

8.

Resident

732 W Mariposa Ave.

El Segundo, CA 90245-2835

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Registered

Insured
Value

Due Sender
If COD

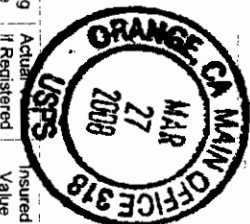
DC
Fee

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Fee

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Fee

RD
Fee

RR
Fee



Article Number

1.

Resident

539 Loma Vista St.

El Segundo, CA 90245-2920

2.

Resident

540 Loma Vista St.

El Segundo, CA 90245-2919

3.

Resident

538 Loma Vista St.

El Segundo, CA 90245-2919

4.

Resident

534 Loma Vista St.

El Segundo, CA 90245-2919

5.

Resident

528 Loma Vista St.

El Segundo, CA 90245-2919

6.

Resident

528 Loma Vista St.

El Segundo, CA 90245-2919

7.

Resident

528 Loma Vista St.

El Segundo, CA 90245-2919

8.

Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
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If Registered

27
Ounces

Sender
if COD

DC
Fee

SC
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Fee

RD
Fee

RR
Fee

Resident

615 W Oak Ave.

El Segundo, CA 90245-2009

Resident

609 W Oak Ave.

El Segundo, CA 90245-2009

Resident

606 W Oak Ave.

El Segundo, CA 90245-2008

Resident

612 W Oak Ave.

El Segundo, CA 90245-2008

Resident

618 W Oak Ave.

El Segundo, CA 90245-2008

Total Number of Pieces
Listed by Sender

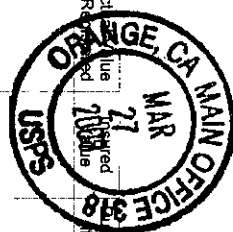
Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

PS Form 3877, February 2002 (Page 1 of 2)

Complete by typewriter, ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Certified
COD
Delivery Confirmation
Express Mail
Insured
Recorded Delivery (International)
Registered
Return Receipt for Merchandise
Signature Confirmation

Address (Name, Street, City, State, & ZIP Code)

Postage

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Fee
Handling
Charge

Actual Value
if Registered
USPS

Due Sender
if COD

DC Fee
SC Fee
SH Fee
RD Fee
RR Fee

1. Article Number

2. Resident
607 Loma Vista St.
El Segundo, CA 90245-2920

3. Resident
511 Loma Vista St.
El Segundo, CA 90245-2920

4. Resident
521 Loma Vista St.
El Segundo, CA 90245-2920

5. Resident
529 Loma Vista St.
El Segundo, CA 90245-2920

6. Resident
535 Loma Vista St.
El Segundo, CA 90245-2920

7.

8.

Name and Address of Sender

Check type of mail or service:

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or for additional
copies of this bill)
Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Postage
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

4101 Crest Dr.

Manhattan Bch., CA 90266-3018

2.

Resident

4107 Crest Dr.

Manhattan Bch., CA 90266-3018

4.

Resident

321 Moonstone St.

Manhattan Bch., CA 90266-3041

5.

Resident

317 Moonstone St.

Manhattan Bch., CA 90266-3041

6.

7.

Resident

4113 Crest Dr.

Manhattan Bch., CA 90266-3068

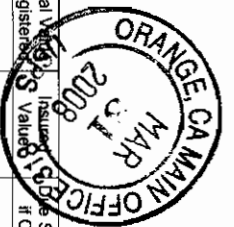
8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
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☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Date of Receipt

Article Number

Addressee (Name, Street, City, State, & Zip Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due to
Sender
COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

4117 Crest Dr.

Manhattan Bch., CA 90266-3068

2.

Resident

4117 Crest Dr. Apt. A

Manhattan Bch., CA 90266-3068

3.

Resident

4119 Crest Dr.

Manhattan Bch., CA 90266-3068

4.

5.

Resident

4121 Crest Dr.

Manhattan Bch., CA 90266-3068

6.

Resident

4121 Crest Dr. Apt. A

Manhattan Bch., CA 90266-3068

7.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4123 Crest Dr. Manhattan Bch., CA 90266-3068											
2.	Resident 4100 The Strand Manhattan Bch., CA 90266-3054											
3.	Resident 4102 The Strand Manhattan Bch., CA 90266-3054											
4.	Resident 4104 The Strand Manhattan Bch., CA 90266-3054											
5.	Resident 4108 The Strand Manhattan Bch., CA 90266-3054											
6.	Resident 4109 The Strand Manhattan Bch., CA 90266-3054											
7.	Resident 4110 The Strand Manhattan Bch., CA 90266-3054											
8.	Resident 4111 The Strand Manhattan Bch., CA 90266-3054											

Name and Address of Sender

Check type of mail or service:

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(If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value if Registered

Insured Value if Registered

Declared Value if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1.

Resident

4110 The Strand

Manhattan Bch., CA 90266-3054

2.

Resident

4116 The Strand

Manhattan Bch., CA 90266-3054

4.

Resident

4116 The Strand

Manhattan Bch., CA 90266-3054

5.

Resident

4117 Ocean Dr.

Manhattan Bch., CA 90266-3063

6.

Resident

4121 Ocean Dr.

Manhattan Bch., CA 90266-3063

8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of replying employee)

See Privacy Act Statement on Reverse

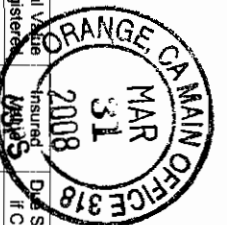


Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
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copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured (MPS)	Decl. Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4123 Ocean Dr. Manhattan Bch., CA 90266-3083											
2.	Resident 4120 The Strand Manhattan Bch., CA 90266-3054											
3.	Resident 4114 Ocean Dr. Manhattan Bch., CA 90266-3083											
4.	Resident 4112 Ocean Dr. Manhattan Bch., CA 90266-3083											
5.	Resident 4222 Ocean Dr. Manhattan Bch., CA 90266-3059											
6.												
7.												
8.												

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Action Date if Registered	Value	One Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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1.	Resident 4220 Ocean Dr. Manhattan Bch., CA 90266-3059											
----	---	--	--	--	--	--	--	--	--	--	--	--

2.	Resident 4216 Ocean Dr. Manhattan Bch., CA 90266-3059											
----	---	--	--	--	--	--	--	--	--	--	--	--

3.	Resident 4218 Ocean Dr. Manhattan Bch., CA 90266-3059											
----	---	--	--	--	--	--	--	--	--	--	--	--

4.	Resident 4217 Ocean Dr. Manhattan Bch., CA 90266-3064											
----	---	--	--	--	--	--	--	--	--	--	--	--

5.	Resident 4216 The Strand Manhattan Bch., CA 90266-3055											
----	--	--	--	--	--	--	--	--	--	--	--	--

6.	Postmaster, Per (Name of receiving employee)											
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Name and Address of Sender

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Date of Receipt

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☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

4214 The Strand

Manhattan Bch., CA 90266-3055

2.

Resident

4212 The Strand Apt. A

Manhattan Bch., CA 90266-3055

3.

Resident

4213 The Strand

Manhattan Bch., CA 90266-3055

4.

Resident

4212 The Strand

Manhattan Bch., CA 90266-3055

5.

Resident

4210 The Strand

Manhattan Bch., CA 90266-3055

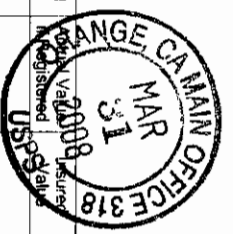
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Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

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Name and Address of Sender

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Postmark and
Date of Receipt

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee Name, Street, City, State, & ZIP Code

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insurance
if COD

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

4209 The Strand

Manhattan Bch., CA 90266-3055

2.

Resident

4207 The Strand

Manhattan Bch., CA 90266-3055

3.

Resident

4206 The Strand

Manhattan Bch., CA 90266-3055

4.

Resident

4204 The Strand

Manhattan Bch., CA 90266-3055

5.

Resident

4201 The Strand

Manhattan Bch., CA 90266-3055

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

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Name and Address of Sender

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Date of Receipt

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered
(Insured
Value)

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

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Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

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☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
if Registered

Insured
Fee

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

4402 The Strand

Manhattan Bch., CA 90266-3057

2.

Resident

4320 The Strand

Manhattan Bch., CA 90266-3056

3.

Resident

104 44th St.

Manhattan Bch., CA 90266-3011

5.

Resident

106 44th St.

Manhattan Bch., CA 90266-3011

6.

Resident

4321 The Strand

Manhattan Bch., CA 90266-3056

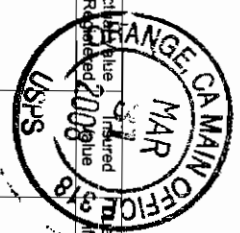
8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

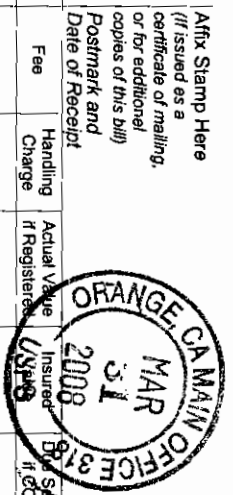


Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
USPS

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

Resident
4322 The Strand
Manhattan Bch., CA 90266-3056

Resident
4318 The Strand
Manhattan Bch., CA 90266-3081

Resident
4317 1/2 The Strand
Manhattan Bch., CA 90266-3081

Resident
4317 The Strand
Manhattan Bch., CA 90266-3081

Resident
4312 The Strand
Manhattan Bch., CA 90266-3056

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4314 The Strand Manhattan Bch., CA 90266-3056											
2.	Resident 4314 Ocean Dr. Manhattan Bch., CA 90266-3021											
3.	Resident 4310 Ocean Dr. Manhattan Bch., CA 90266-3044											
4.	Resident 4304 Ocean Dr. Manhattan Bch., CA 90266-3044											
5.	Resident 4302 Ocean Dr. Manhattan Bch., CA 90266-3044											
6.	Resident 4302 Ocean Dr. Manhattan Bch., CA 90266-3044											
7.												
8.												

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Additional Value	Insured Value	Signature Confirmation	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4308 The Strand Manhattan Bch., CA 90266-3056											
2.	Resident 4308 The Strand Manhattan Bch., CA 90266-3056											
3.	Resident 4308 The Strand Manhattan Bch., CA 90266-3056											
4.	Resident 4304 The Strand Manhattan Bch., CA 90266-3056											
5.	Resident 4304 The Strand Manhattan Bch., CA 90266-3056											
6.	Resident 4305 The Strand Manhattan Bch., CA 90266-3056											
7.	Resident 4303 The Strand Manhattan Bch., CA 90266-3056											
8.	Resident 4303 The Strand Manhattan Bch., CA 90266-3056											

See Privacy Act Statement on Reverse

Complete by Typewriter, Ink, or Ball Point Pen

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Value

Insured
Value

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

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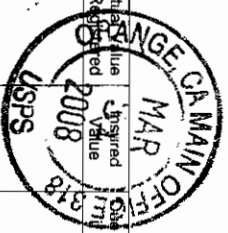
4.

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Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

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Date of Receipt

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☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value
if Insured

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1. **Resident**
214 45th St
Manhattan Bch., CA 90266-3016

2. **Resident**
212 45th St.
Manhattan Bch., CA 90266-3016

3. **Resident**
210 45th St.
Manhattan Bch., CA 90266-3016

4. **Resident**
208 45th St.
Manhattan Bch., CA 90266-3016

5. **Resident**
210 45th St.
Manhattan Bch., CA 90266-3016

6. **Resident**
204 45th St. Apt. A
Manhattan Bch., CA 90266-3016

7. **Resident**
204 45th St. Apt. A
Manhattan Bch., CA 90266-3016

8. **Resident**
204 45th St. Apt. A
Manhattan Bch., CA 90266-3016

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

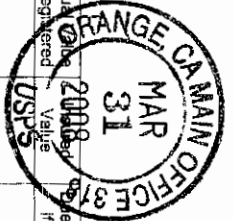
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fec	Handling Charge	Actual Value if Registered	Postage if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 204 45th St. Apt. B Manhattan Bch., CA 90266-3016										
2.	Resident 202 45th St. Manhattan Bch., CA 90266-3016										
3.	Resident 200 45th St. Manhattan Bch., CA 90266-3015										
4.	Resident 130 45th St. Manhattan Bch., CA 90266-3015										
5.	Resident 128 45th St. Manhattan Bch., CA 90266-3015										
6.											
7.											
8.											

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

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Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value Registered	Insured Value	Due Sender If COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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1.

2.

3.

4.

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7.

8.

Resident
124 45th St Apt. A
Manhattan Bch., CA 90266-3015

Resident
124 45th St Apt. B
Manhattan Bch., CA 90266-3015

Resident
120 45th St.
Manhattan Bch., CA 90266-3015

Resident
122 45th St.
Manhattan Bch., CA 90266-3015

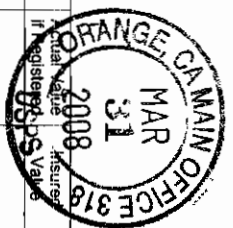
Resident
118 45th St.
Manhattan Bch., CA 90266-3015

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value if Registered	Sender's Fee if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 116 45th St. Manhattan Bch., CA 90266-3015											
2.	Resident 4416 Ocean Dr. Manhattan Bch., CA 90266-3042											
3.	Resident 4418 Ocean Dr. Manhattan Bch., CA 90266-3042											
4.	Resident 4421 Ocean Dr. Manhattan Bch., CA 90266-3060											
5.	Resident 4420 The Strand Manhattan Bch., CA 90266-3057											
6.												
7.												
8.												

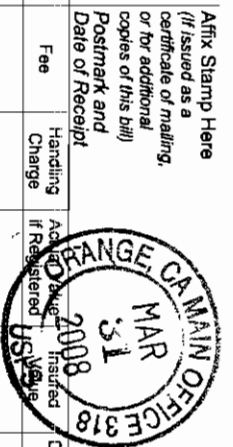
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Attach Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Additional Charge if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4416 The Strand Apt. B Manhattan Bch., CA 90286-3057											
2.	Resident 4416 The Strand Apt. B Manhattan Bch., CA 90286-3057											
3.	Resident 4416 The Strand Manhattan Bch., CA 90286-3057											
4.	Resident 4416 The Strand Manhattan Bch., CA 90286-3057											
5.	Resident 4416 The Strand Manhattan Bch., CA 90286-3057											
6.	Resident 4416 The Strand Apt. A Manhattan Bch., CA 90286-3057											
7.	Resident 4416 The Strand Apt. B Manhattan Bch., CA 90286-3057											
8.	Resident 4416 The Strand Apt. B Manhattan Bch., CA 90286-3057											

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Weight if Registered	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4414 Ocean Dr. Manhattan Bch., CA 90266-3042									
2.	Resident 4415 The Strand Manhattan Bch., CA 90266-3057									
3.	Resident 4413 The Strand Manhattan Bch., CA 90266-3057									
4.	Resident 4413 The Strand Manhattan Bch., CA 90266-3057									
5.	Resident 4413 The Strand Manhattan Bch., CA 90266-3057									
6.	Resident 4413 The Strand Apt. A Manhattan Bch., CA 90266-3057									
7.	Resident 4413 The Strand Apt. B Manhattan Bch., CA 90266-3057									
8.	Resident 4413 The Strand Apt. B Manhattan Bch., CA 90266-3057									

See Privacy Act Statement on Reverse

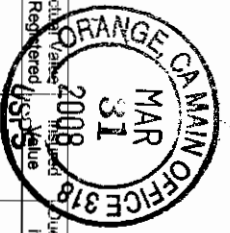
Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value
If Registered

Insured Value
If Registered

Due Sender
If COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

1. Resident
4409 The Strand
Manhattan Bch., CA 90266-3057

2. Resident
4408 The Strand
Manhattan Bch., CA 90266-3057

3. Resident
4406 The Strand
Manhattan Bch., CA 90266-3057

4. Resident
4404 The Strand
Manhattan Bch., CA 90266-3057

5. Resident
4403 Ocean Dr.
Manhattan Bch., CA 90266-3078

6. Resident
4401 Ocean Dr.
Manhattan Bch., CA 90266-3078

7. Resident
4401 Ocean Dr.
Manhattan Bch., CA 90266-3078

8. Resident
4401 Ocean Dr.
Manhattan Bch., CA 90266-3078

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Postage
Paid

Postmark
Date of Receipt

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1. **Resident**
4400 Ocean Dr. Apt. A
Manhattan Bch., CA 90266-3045

2. **Resident**
4400 Ocean Dr. Apt. B
Manhattan Bch., CA 90266-3045

3. **Resident**
4400 Ocean Dr. Apt. B
Manhattan Bch., CA 90266-3045

4. **Resident**
112 Gull St.
Manhattan Bch., CA 90266-3024

5. **Resident**
112 Gull St.
Manhattan Bch., CA 90266-3024

6. **Resident**
114 Gull St.
Manhattan Bch., CA 90266-3024

7. **Resident**
116 Gull St.
Manhattan Bch., CA 90266-3024

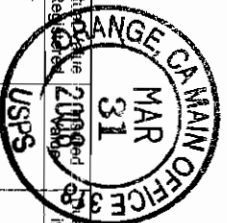
8. **Resident**
116 Gull St.
Manhattan Bch., CA 90266-3024

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
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or for additional
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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
Registered
Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

Resident
117 Gull St.
Manhattan Bch., CA 90286-3023

Resident
119 Gull St.
Manhattan Bch., CA 90286-3023

Resident
120 Gull St.
Manhattan Bch., CA 90286-3024

Resident
122 Gull St.
Manhattan Bch., CA 90286-3024

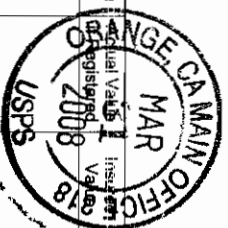
Resident
121 Gull St.
Manhattan Bch., CA 90286-3023

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Value
if Registered

Insured
Value

Postage
Paid

Sender
POD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

125 Gull St Apt A

Manhattan Bch., CA 90266-3023

2.

3.

Resident

125 Gull St Apt B

Manhattan Bch., CA 90266-3023

4.

Resident

124 Gull St

Manhattan Bch., CA 90266-3024

5.

6.

Resident

126 Gull St

Manhattan Bch., CA 90266-3024

7.

Resident

131 Gull St

Manhattan Bch., CA 90266-3023

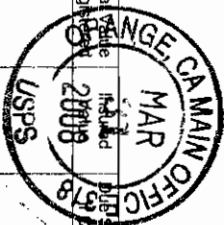
8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



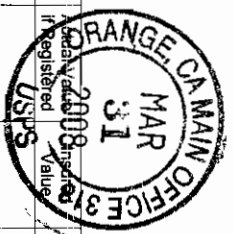
Name and Address of Sender

Check type of mail or service:

☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured

☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
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or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Insurance Value	Due Sender If COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 129 Gull St. Manhattan Bch., CA 90286-3023										
2.	Resident 129 Gull St. Manhattan Bch., CA 90286-3023										
3.	Resident 128 Gull St. Manhattan Bch., CA 90286-3024										
4.	Resident 130 Gull St. Manhattan Bch., CA 90286-3024										
5.	Resident 200 Gull St. Manhattan Bch., CA 90286-3026										
6.	Resident 200 Gull St. Manhattan Bch., CA 90286-3026										
7.	Resident 200 Gull St. Apt. A Manhattan Bch., CA 90286-3026										
8.	Resident 200 Gull St. Apt. A Manhattan Bch., CA 90286-3026										

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
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copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 201 Gull St. Manhattan Bch., CA 90266-3025										
2.	Resident 203 Gull St. Manhattan Bch., CA 90266-3025										
3.	Resident 205 Gull St. Lowr Manhattan Bch., CA 90266-3025										
4.	Resident 205 Gull St. Uppr Manhattan Bch., CA 90266-3025										
5.	Resident 204 Gull St. Apt. A Manhattan Bch., CA 90266-3026										
6.	Resident 204 Gull St. Apt. A Manhattan Bch., CA 90266-3026										
7.											
8.											

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Postmark and
Date of Receipt

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.	Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Postmark and Date of Receipt	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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2.	Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Postmark and Date of Receipt	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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3.	Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Postmark and Date of Receipt	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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4.	Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Postmark and Date of Receipt	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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5.	Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Postmark and Date of Receipt	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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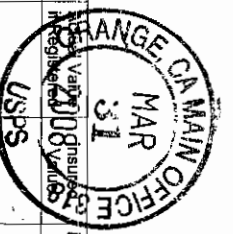
6.	Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Postmark and Date of Receipt	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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7.	Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Postmark and Date of Receipt	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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PS Form 3877, February 2002 (Page 1 of 2)

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

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Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Registered Mail	Due Sender If COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 217 Gull St Manhattan Bch., CA 90266-3025										
2.	Resident 219 Gull St Manhattan Bch., CA 90266-3025										
3.	Resident 223 Gull St Manhattan Bch., CA 90266-3025										
4.	Resident 222 Gull St Manhattan Bch., CA 90266-3025										
5.	Resident 222 Gull St Manhattan Bch., CA 90266-3025										
6.	Resident 222 Gull St Manhattan Bch., CA 90266-3025										
7.	Resident 222 1/2 Gull St Manhattan Bch., CA 90266-3025										
8.	Resident 222 1/2 Gull St Manhattan Bch., CA 90266-3025										

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
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Postmark and
Date of Receipt

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
If Registered

Registered
Value

Due Sender
If COD

DC

Fee

SC

Fee

SH

Fee

RD

Fee

RR

Fee

1.

Resident

224 Gull St Apt. A

Manhattan Bch., CA 90266-3026

2.

Resident

224 Gull St Apt. B

Manhattan Bch., CA 90266-3026

4.

Resident

230 44th St.

Manhattan Bch., CA 90266-3013

5.

Resident

228 44th St.

Manhattan Bch., CA 90266-3013

6.

Resident

226 44th St.

Manhattan Bch., CA 90266-3013

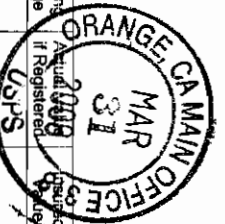
8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

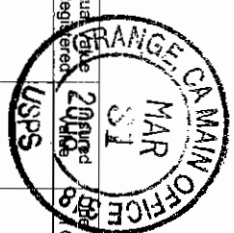


Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
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or for additional
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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Price if Registered	Sender COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 222 44th St. Manhattan Bch., CA 90266-3013										
2.	Resident 222 44th St. Manhattan Bch., CA 90266-3013										
3.	Resident 220 44th St. Manhattan Bch., CA 90266-3013										
4.	Resident 216 44th St. Manhattan Bch., CA 90266-3013										
5.	Resident 216 1/2 44th St. Manhattan Bch., CA 90266-3013										
6.	Resident 216 1/2 44th St. Manhattan Bch., CA 90266-3013										
7.	Resident 216 44th St. Manhattan Bch., CA 90266-3013										
8.	Resident 216 44th St. Manhattan Bch., CA 90266-3013										

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
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Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Net Value Insured
Net Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident
214 44th St.
Manhattan Bch., CA 90266-3013

2.

Resident
212 44th St.
Manhattan Bch., CA 90266-3013

3.

Resident
210 44th St.
Manhattan Bch., CA 90266-3013

4.

Resident
208 44th St.
Manhattan Bch., CA 90266-3013

5.

Resident
206 44th St.
Manhattan Bch., CA 90266-3013

6.

Resident
206 44th St.
Manhattan Bch., CA 90266-3013

7.

Resident
206 44th St.
Manhattan Bch., CA 90266-3013

8.

Manhattan Bch., CA 90266-3013

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
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☐ COD
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☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual
Value

Insured
Value

Sender
COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident
204 44th St.
Manhattan Bch., CA 90266-3013

2.

Resident
200 44th St.
Manhattan Bch., CA 90266-3013

3.

Resident
202 44th St.
Manhattan Bch., CA 90266-3013

4.

Resident
130 44th St.
Manhattan Bch., CA 90266-3079

5.

Resident
128 44th St.
Manhattan Bch., CA 90266-3079

6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered

Value

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

Resident
124 44th St.
Manhattan Bch., CA 90266-3079

Resident
126 44th St. Lowr
Manhattan Bch., CA 90266-3079

Resident
126 44th St. Uppr
Manhattan Bch., CA 90266-3079

Resident
122 1/2 44th St.
Manhattan Bch., CA 90266-3079

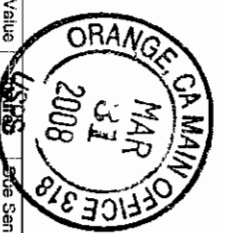
Resident
122 44th St.
Manhattan Bch., CA 90266-3079

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

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Postmark and
Date of Receipt

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value,
if Registered

Insured
Value

Postage
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

Resident
120 44th St.
Manhattan Bch., CA 90266-3079

Resident
118 44th St. Apt. A
Manhattan Bch., CA 90266-3079

Resident
118 44th St. Apt. B
Manhattan Bch., CA 90266-3079

Resident
118 44th St. Apt. C
Manhattan Bch., CA 90266-3079

Resident
112 44th St. Apt. A
Manhattan Bch., CA 90266-3079

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
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Postmark and
Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 112 44th St Apt B Manhattan Bch., CA 90266-3079											
2.	Resident 115 44th St Manhattan Bch., CA 90266-3080											
3.	Resident 121 44th St Apt A Manhattan Bch., CA 90266-3080											
4.	Resident 121 44th St Apt B Manhattan Bch., CA 90266-3080											
5.	Resident 121 44th St Apt B Manhattan Bch., CA 90266-3080											
6.	Resident 123 44th St Manhattan Bch., CA 90266-3080											
7.												
8.												

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

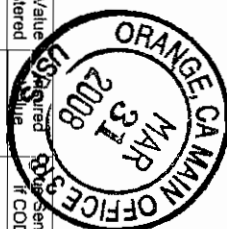
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Sender's Declaration	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 129 44th St Manhattan Bch., CA 90266-3080											
2.	Resident 131 44th St Apt A Manhattan Bch., CA 90266-3080											
3.	Resident 131 44th St Apt B Manhattan Bch., CA 90266-3080											
4.	Resident 131 44th St Apt B Manhattan Bch., CA 90266-3080											
5.	Resident 201 44th St Manhattan Bch., CA 90266-3012											
6.	Resident 205 44th St Apt A Manhattan Bch., CA 90266-3012											
7.	Resident 205 44th St Apt A Manhattan Bch., CA 90266-3012											
8.	Resident 205 44th St Apt A Manhattan Bch., CA 90266-3012											

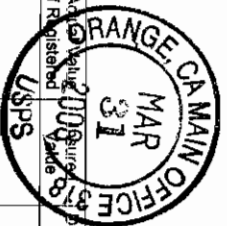
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Additional Fee if Registered	Insurance Fee if Registered	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 205 44th St. Apt. B Manhattan Bch., CA 90266-3012											
2.	Resident 205 44th St. Apt. B Manhattan Bch., CA 90266-3012											
3.	Resident 207 44th St. Manhattan Bch., CA 90266-3012											
4.	Resident 213 44th St. Manhattan Bch., CA 90266-3012											
5.	Resident 213 44th St. Manhattan Bch., CA 90266-3012											
6.	Resident 217 44th St. Manhattan Bch., CA 90266-3012											
7.	Resident 217 44th St. Manhattan Bch., CA 90266-3012											
8.	Resident 217 44th St. Manhattan Bch., CA 90266-3012											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)									

See Privacy Act Statement on Reverse

Name and Address of Sender

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Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
Insured
Value

Due Sender
If COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

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Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

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- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling Charge

Actual Value if Registered

Insured Value if Registered

Postage if COD

DC Fee

SC Fee

SH Fee

RD Fee

RR Fee

Resident

227 44th St. Apt. 2A

Manhattan Bch., CA 90266-3084

Resident

227 44th St. Apt. C

Manhattan Bch., CA 90266-3084

Resident

225 Shell St.

Manhattan Bch., CA 90266-3052

Resident

223 Shell St.

Manhattan Bch., CA 90266-3052

Resident

221 1/2 Shell St.

Manhattan Bch., CA 90266-3052

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Delivery Confirmation

Signature Confirmation

Special Handling

Registered Mail

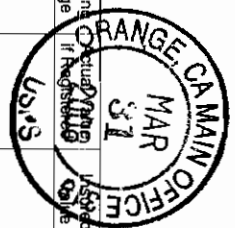
Insured Mail

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Charge	Unpaid	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 221 Shell St Manhattan Bch., CA 90266-3052											
2.	Resident 219 Shell St Manhattan Bch., CA 90266-3052											
3.	Resident 217 Shell St Manhattan Bch., CA 90266-3052											
4.	Resident 215 Shell St Manhattan Bch., CA 90266-3052											
5.	Resident 211 Shell St Manhattan Bch., CA 90266-3052											
6.	Resident 211 Shell St Manhattan Bch., CA 90266-3052											
7.	Resident 211 Shell St Manhattan Bch., CA 90266-3052											
8.	Resident 211 Shell St Manhattan Bch., CA 90266-3052											

Name and Address of Sender

Check type of mail or service:

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certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value Registered Value	Due Sender If COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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1.	Resident 209 Shell St. Manhattan Bch., CA 90266-3052										
----	--	--	--	--	--	--	--	--	--	--	--

2.	Resident 205 Shell St. Manhattan Bch., CA 90266-3052										
----	--	--	--	--	--	--	--	--	--	--	--

3.	Resident 203 Shell St. Manhattan Bch., CA 90266-3052										
----	--	--	--	--	--	--	--	--	--	--	--

4.	Resident 201 Shell St. Manhattan Bch., CA 90266-3052										
----	--	--	--	--	--	--	--	--	--	--	--

5.	Resident 199 Shell St. Manhattan Bch., CA 90266-3050										
----	--	--	--	--	--	--	--	--	--	--	--

6.	Postmaster, Per (Name of receiving employee)										
----	--	--	--	--	--	--	--	--	--	--	--

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Affix Stamp Here
(If issued as a
certificate of mailing,
or for additional
copies of this bill)
Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered
Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

129 Shell St.

Manhattan Bch., CA 90266-3050

2.

Resident

127 Shell St.

Manhattan Bch., CA 90266-3050

4.

Resident

125 Shell St.

Manhattan Bch., CA 90266-3050

5.

Resident

123 Shell St.

Manhattan Bch., CA 90266-3050

7.

Resident

121 Shell St.

Manhattan Bch., CA 90266-3050

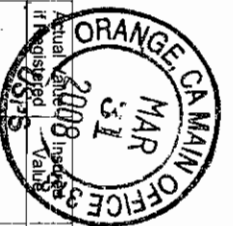
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Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Model VMA-R Insured
Registered Valued
318

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

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Resident
119 Shell St.
Manhattan Bch., CA 90266-3050

Resident
117 Shell St.
Manhattan Bch., CA 90266-3050

Resident
112 Shell St.
Manhattan Bch., CA 90266-3051

Resident
118 Shell St.
Manhattan Bch., CA 90266-3051

Resident
120 Shell St.
Manhattan Bch., CA 90266-3051

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Date if Registered	Insured	Sender COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 124 Shell St. Manhattan Bch., CA 90266-3051											
2.	Resident 128 Shell St. Manhattan Bch., CA 90266-3051											
3.	Resident 200 Shell St. Manhattan Bch., CA 90266-3053											
4.	Resident 204 Shell St. Manhattan Bch., CA 90266-3053											
5.	Resident 206 Shell St. Manhattan Bch., CA 90266-3053											
6.	Resident 206 Shell St. Manhattan Bch., CA 90266-3053											
7.												
8.												

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

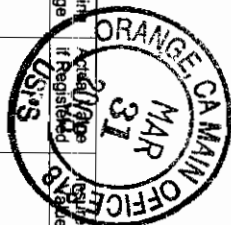
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Weight (lb/oz)	Declared Value (\$)	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 208 Shell St. Manhattan Bch., CA 90266-3053											
2.	Resident 210 Shell St. Manhattan Bch., CA 90266-3053											
3.	Resident 212 Shell St. Manhattan Bch., CA 90266-3053											
4.	Resident 218 Shell St. Manhattan Bch., CA 90266-3053											
5.	Resident 216 Shell St. Manhattan Bch., CA 90266-3053											
6.	Resident 218 Shell St. Manhattan Bch., CA 90266-3053											
7.	Resident 216 Shell St. Manhattan Bch., CA 90266-3053											
8.	Resident 216 Shell St. Manhattan Bch., CA 90266-3053											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)									

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

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Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

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Resident
226 1/2 Shell St
Manhattan Bch., CA 90266-3053

Resident
226 Shell St
Manhattan Bch., CA 90266-3053

Resident
224 Shell St.
Manhattan Bch., CA 90266-3053

Resident
222 Shell St
Manhattan Bch., CA 90266-3053

Resident
220 Shell St
Manhattan Bch., CA 90266-3053

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

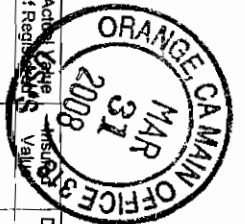
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (international)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Weight (lb. oz.)	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 305 44th St. Manhattan Bch., CA 90266-3014											
2.	Resident 307 44th St. Manhattan Bch., CA 90266-3014											
3.	Resident 4401 Crest Dr. Apt. C Manhattan Bch., CA 90266-3022											
4.	Resident 4401 Crest Dr. Apt. B Manhattan Bch., CA 90266-3022											
5.	Resident 4401 Crest Dr. Apt. A Manhattan Bch., CA 90266-3022											
6.	Resident 4401 Crest Dr. Apt. A Manhattan Bch., CA 90266-3022											
7.	Resident 4401 Crest Dr. Apt. A Manhattan Bch., CA 90266-3022											
8.	Resident 4401 Crest Dr. Apt. A Manhattan Bch., CA 90266-3022											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)									

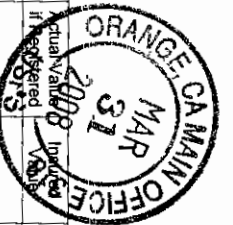
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Insured	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4405 Crest Dr. Manhattan Bch., CA 90266-3022											
2.	Resident 4407 Crest Dr. Manhattan Bch., CA 90266-3022											
3.	Resident 4419 Crest Dr. Manhattan Bch., CA 90266-3073											
4.	Resident 4421 Crest Dr. Manhattan Bch., CA 90266-3073											
5.	Resident 318 45th St. Manhattan Bch., CA 90266-3017											
6.												
7.												
8.												

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & Zip Code)	Postage	Fee	Handling Charge	Actual Value, if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 318 1/2 45th St. Manhattan Bch., CA 90266-3017											
2.	Resident 316 45th St. Manhattan Bch., CA 90266-3017											
3.	Resident 318 Gull St. Manhattan Bch., CA 90266-3028											
4.	Resident 317 Gull St. Manhattan Bch., CA 90266-3027											
5.	Resident 317 Gull St. Manhattan Bch., CA 90266-3027											
6.	Resident 317 1/2 Gull St. Manhattan Bch., CA 90266-3027											
7.												
8.												

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

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Date of Receipt

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered
Mail

Sender
COD

DC
Fee

SC
Fee

SH
Fee

FD
Fee

RR
Fee



1.

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7.

8.

Resident
311 Gull St.
Manhattan Bch., CA 90266-3027

Resident
308 Gull St.
Manhattan Bch., CA 90266-3028

Resident
4408 Highland Ave.
Manhattan Bch., CA 90266-3036

Resident
309 Gull St.
Manhattan Bch., CA 90266-3027

Resident
305 Gull St.
Manhattan Bch., CA 90266-3027

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

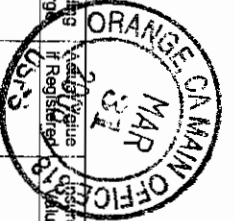
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
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or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Registered Value	Due Sender If COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4416 Highland Ave. Apt. A Manhattan Bch., CA 90266-3000										
2.	Resident 4420 Highland Ave. Manhattan Bch., CA 90266-3000										
3.	Resident 4416 Highland Ave. Apt. B Manhattan Bch., CA 90266-3000										
4.	Resident 4416 Highland Ave. Apt. C Manhattan Bch., CA 90266-3000										
5.	Resident 4420 Highland Ave. Manhattan Bch., CA 90266-3000										
6.	Resident 304 45th St. Manhattan Bch., CA 90266-3017										
7.											
8.											

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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copies of this bill)

Postmark and
Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

4404 Highland Ave. Apt. A

Manhattan Bch., CA 90266-3036

2.

Resident

4404 Highland Ave. Apt. B

Manhattan Bch., CA 90266-3036

3.

Resident

4404 Highland Ave. Apt. C

Manhattan Bch., CA 90266-3036

5.

Resident

301 44th St.

Manhattan Bch., CA 90266-3014

7.

Resident

303 44th St.

Manhattan Bch., CA 90266-3014

8.

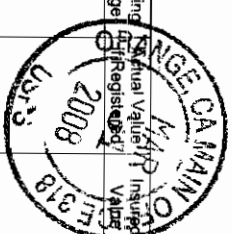
Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

[Signature]

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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or for additional
copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 232 43rd St. Manhattan Bch., CA 90266-3009											
2.	Resident 224 43rd St. Apt. A Manhattan Bch., CA 90266-3009											
3.	Resident 224 43rd St. Apt. B Manhattan Bch., CA 90266-3009											
4.	Resident 224 43rd St. Apt. C Manhattan Bch., CA 90266-3009											
5.	Resident 224 43rd St. Apt. C Manhattan Bch., CA 90266-3009											
6.	Resident 224 43rd St. Apt. C Manhattan Bch., CA 90266-3009											
7.	Resident 218 43rd St. Manhattan Bch., CA 90266-3009											
8.	Resident 218 43rd St. Manhattan Bch., CA 90266-3009											

See Privacy Act Statement on Reverse

Name and Address of Sender

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Date
if Registered

Postmark
and
Date of Receipt

Sender's
COD

DC
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SC
Fee

SH
Fee

RD
Fee

RR
Fee

Resident

216 43rd St.

Manhattan Bch., CA 90266-3009

Resident

212 43rd St. Uppr

Manhattan Bch., CA 90266-3009

Resident

212 43rd St. Lowr

Manhattan Bch., CA 90266-3009

Resident

208 43rd St.

Manhattan Bch., CA 90266-3009

Resident

204 43rd St.

Manhattan Bch., CA 90266-3009

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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copies of this bill)
Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value If Registered	Insured Value	Due Sender If COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 202 43rd St. Manhattan Bch., CA 90266-3009											
2.	Resident 202 43rd St. Manhattan Bch., CA 90266-3009											
3.	Resident 200 43rd St. Manhattan Bch., CA 90266-3009											
4.	Resident 132 43rd St. Manhattan Bch., CA 90266-3007											
5.	Resident 132 43rd St. Manhattan Bch., CA 90266-3007											
6.	Resident 130 43rd St. Manhattan Bch., CA 90266-3007											
7.	Resident 128 43rd St. Manhattan Bch., CA 90266-3007											
8.	Resident 128 43rd St. Manhattan Bch., CA 90266-3007											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)									

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

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Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

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Additional
Insured
Value

Due Sender
if COD

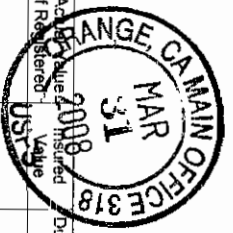
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2008
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CHANGE, CA
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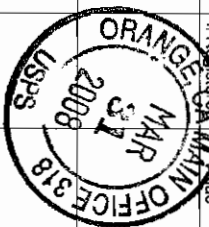
Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value, if Registered	Insured Value	Dual Sender, if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 209 43rd St. Manhattan Bch., CA 90266-3008											
2.	Resident 211 43rd St. Manhattan Bch., CA 90266-3008											
3.	Resident 217 43rd St. Manhattan Bch., CA 90266-3008											
4.	Resident 219 43rd St. Manhattan Bch., CA 90266-3008											
5.	Resident 221 43rd St. Manhattan Bch., CA 90266-3008											
6.	Resident 221 43rd St. Manhattan Bch., CA 90266-3008											
7.	Resident 221 43rd St. Manhattan Bch., CA 90266-3008											
8.	Resident 221 43rd St. Manhattan Bch., CA 90266-3008											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)									



Name and Address of Sender

Check type of mail or service:

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Postmark and
Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Adjusted
Value
if Registered

Adjusted
Value
if COD

DC
Fee

SC
Fee

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Fee

RD
Fee

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Fee

1.

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Resident
227 43rd St.
Manhattan Bch., CA 90266-3008

Resident
229 43rd St.
Manhattan Bch., CA 90266-3008

Resident
231 43rd St.
Manhattan Bch., CA 90266-3008

Resident
232 Seaview St.
Manhattan Bch., CA 90266-3049

Resident
230 Seaview St.
Manhattan Bch., CA 90266-3049

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Insurance
Value
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Due Sender
if COD

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Resident

228 Seaview St.

Manhattan Bch., CA 90266-3049

Resident

224 Seaview St.

Manhattan Bch., CA 90266-3049

Resident

222 Seaview St.

Manhattan Bch., CA 90266-3049

Resident

220 Seaview St.

Manhattan Bch., CA 90266-3049

Resident

218 Seaview St.

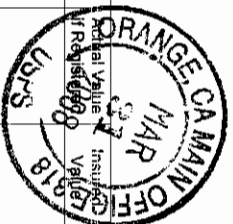
Manhattan Bch., CA 90266-3049

Total Number of Pieces
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Total Number of Pieces
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Postmaster, Per (Name of receiving employee)

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☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Insured
Value

Due Sender
if COD

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Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

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Resident
216 Seaview St.
Manhattan Bch., CA 90266-3049

2.

Resident
216 Seaview St.
Manhattan Bch., CA 90266-3049

3.

Resident
212 Seaview St. Fmt
Manhattan Bch., CA 90266-3049

4.

Resident
212 Seaview St. Rear
Manhattan Bch., CA 90266-3049

5.

Resident
210 Seaview St.
Manhattan Bch., CA 90266-3049

6.

Resident
208 Seaview St.
Manhattan Bch., CA 90266-3049

7.

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
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Postmaster, Per (Name of receiving employee)

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☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
Declared

Insured
Value

Due Sender
if COD

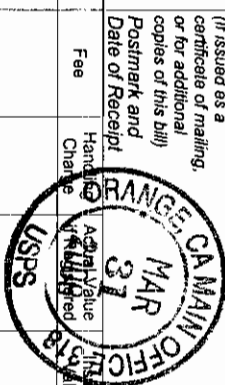
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Resident
204 1/2 Seaview St.
Manhattan Bch., CA 90266-3049

Resident
204 Seaview St.
Manhattan Bch., CA 90266-3049

Resident
202 Seaview St.
Manhattan Bch., CA 90266-3049

Resident
200 Seaview St.
Manhattan Bch., CA 90266-3049

Resident
132 Seaview St.
Manhattan Bch., CA 90266-3047

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

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Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value, Insured
if Registered Value

Due Sender
if COD

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Resident

130 Seaview St.

Manhattan Bch., CA 90266-3047

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Resident

128 Seaview St.

Manhattan Bch., CA 90266-3047

4.

Resident

126 Seaview St.

Manhattan Bch., CA 90266-3047

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6.

Resident

122 Seaview St.

Manhattan Bch., CA 90266-3047

7.

Resident

120 Seaview St.

Manhattan Bch., CA 90266-3047

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Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

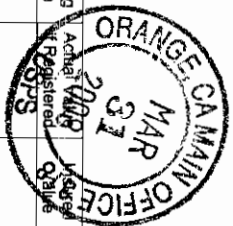


Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Registered Weight	Declared Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 118 Seaview St Manhattan Bch., CA 90266-3047											
2.	Resident 116 Seaview St Manhattan Bch., CA 90266-3047											
3.	Resident 112 Seaview St Manhattan Bch., CA 90266-3047											
4.	Resident 121 Seaview St Manhattan Bch., CA 90266-3046											
5.	Resident 123 Seaview St Manhattan Bch., CA 90266-3046											
6.												
7.												
8.												

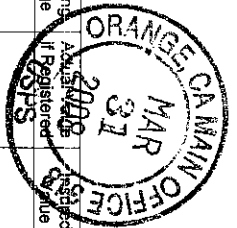
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

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☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
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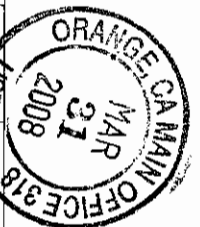
Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value	Declared Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 127 Seaview St. Manhattan Bch., CA 90288-3046											
2.	Resident 129 Seaview St. Manhattan Bch., CA 90288-3046											
3.	Resident 133 Seaview St. Manhattan Bch., CA 90288-3046											
4.	Resident 201 Seaview St. Manhattan Bch., CA 90288-3048											
5.	Resident 203 Seaview St. Manhattan Bch., CA 90288-3048											
6.	Resident 203 Seaview St. Manhattan Bch., CA 90288-3048											
7.												
8.												

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Weight if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 205 Seaview St Apt A Manhattan Bch., CA 90266-3048											
2.	Resident 205 Seaview St Apt B Manhattan Bch., CA 90266-3048											
3.	Resident 213 Seaview St Manhattan Bch., CA 90266-3048											
4.	Resident 217 Seaview St Manhattan Bch., CA 90266-3048											
5.	Resident 221 Seaview St Manhattan Bch., CA 90266-3048											
6.	Resident 221 Seaview St Manhattan Bch., CA 90266-3048											
7.												
8.												
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee) <i>[Signature]</i>									
See Privacy Act Statement on Reverse												

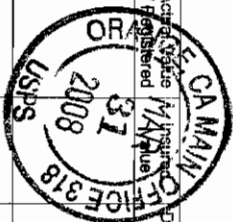
Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Affix Stamp Here
(If issued as a
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or for additional
copies of this bill)
Postmark and
Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Weight (lb. oz.)	Due Sender If COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 229 Seaview St. Manhattan Bch., CA 90266-3048										
2.	Resident 229 Seaview St. Manhattan Bch., CA 90266-3048										
3.	Resident 229 1/2 Seaview St. Manhattan Bch., CA 90266-3048										
4.	Resident 235 42nd St. Manhattan Bch., CA 90266-3003										
5.	Resident 235 42nd St. Manhattan Bch., CA 90266-3003										
6.	Resident 233 42nd St. Manhattan Bch., CA 90266-3003										
7.	Resident 231 42nd St. Manhattan Bch., CA 90266-3003										
8.	Resident 231 42nd St. Manhattan Bch., CA 90266-3003										
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)		See Privacy Act Statement on Reverse						



Name and Address of Sender

Check type of mail or service:

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Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State & ZIP Code)

Postage

Fee

Handling Charge
Actual Mail
Registered

Indefinite

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident
229 42nd St
Manhattan Bch., CA 90266-3003

2.

3.

Resident
227 42nd St
Manhattan Bch., CA 90266-3003

4.

Resident
225 42nd St
Manhattan Bch., CA 90266-3003

5.

6.

Resident
221 42nd St
Manhattan Bch., CA 90266-3003

7.

Resident
219 42nd St
Manhattan Bch., CA 90266-3003

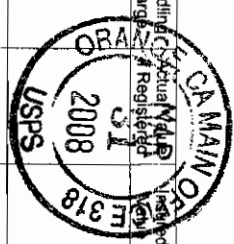
8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

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- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional
if Registered

Insured
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

Resident
217 42nd St
Manhattan Bch., CA 90266-3003

Resident
215 42nd St
Manhattan Bch., CA 90266-3003

Resident
213 42nd St
Manhattan Bch., CA 90266-3003

Resident
209 42nd St
Manhattan Bch., CA 90266-3003

Resident
207 42nd St. Apt A
Manhattan Bch., CA 90266-3003

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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copies of this bill)
Postmark and
Date of Receipt

Article Number	Address (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 207 42nd St Apt B Manhattan Bch., CA 90266-3003											
2.	Resident 203 42nd St Manhattan Bch., CA 90266-3003											
3.	Resident 201 42nd St Manhattan Bch., CA 90266-3003											
4.	Resident 129 42nd St Manhattan Bch., CA 90266-3001											
5.	Resident 127 42nd St Manhattan Bch., CA 90266-3001											
6.	Resident 127 42nd St Manhattan Bch., CA 90266-3001											
7.	Resident 127 42nd St Manhattan Bch., CA 90266-3001											
8.	Resident 127 42nd St Manhattan Bch., CA 90266-3001											

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Name and Address of Sender

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Date of Receipt

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
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☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Weight if Registered	Insured Value	Sender's Signature	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 125 42nd St. Manhattan Bch., CA 90266-3001											
2.	Resident 121 42nd St. Manhattan Bch., CA 90266-3001											
3.	Resident 117 42nd St. Manhattan Bch., CA 90266-3001											
4.	Resident 117 42nd St. Manhattan Bch., CA 90266-3001											
5.	Resident 117 1/2 42nd St. Manhattan Bch., CA 90266-3001											
6.	Resident 117 1/2 42nd St. Manhattan Bch., CA 90266-3001											
7.	Resident 113 42nd St. Manhattan Bch., CA 90266-3001											
8.	Resident 113 42nd St. Manhattan Bch., CA 90266-3001											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)									

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
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Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered
Mail

Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident
114 42nd St.
Manhattan Bch., CA 90266-3002

2.

Resident
114 42nd St.
Manhattan Bch., CA 90266-3002

3.

Resident
116 42nd St.
Manhattan Bch., CA 90266-3002

4.

Resident
120 42nd St. Apt. 1
Manhattan Bch., CA 90266-3061

5.

Resident
120 42nd St. Apt. 2
Manhattan Bch., CA 90266-3061

6.

Resident
120 42nd St. Apt. 3
Manhattan Bch., CA 90266-3061

7.

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Sender's COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 124 42nd St Manhattan Bch., CA 90266-3002										
2.	Resident 126 42nd St Manhattan Bch., CA 90266-3002										
3.	Resident 130 42nd St Manhattan Bch., CA 90266-3002										
4.	Resident 132 42nd St Manhattan Bch., CA 90266-3002										
5.	Resident 200 42nd St Manhattan Bch., CA 90266-3004										
6.											
7.											
8.											

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Free

Manhattan Bch., CA 90266-3004

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Name and Address of Sender

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Postmark and
Date of Receipt

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
Registered
Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

Resident
212 42nd St
Manhattan Bch., CA 90266-3004

Resident
214 42nd St
Manhattan Bch., CA 90266-3004

Resident
216 1/2 42nd St
Manhattan Bch., CA 90266-3004

Resident
216 42nd St
Manhattan Bch., CA 90266-3004

Resident
220 42nd St
Manhattan Bch., CA 90266-3004

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Weight if Registered	Declared Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 226 42nd St. Manhattan Bch., CA 90266-3004											
2.	Resident 226 42nd St. Manhattan Bch., CA 90266-3004											
3.	Resident 226 42nd St. Manhattan Bch., CA 90266-3004											
4.	Resident 232 42nd St. Manhattan Bch., CA 90266-3004											
5.	Resident 232 42nd St. Manhattan Bch., CA 90266-3004											
6.	Resident 4100 Highland Ave. Apt. A Manhattan Bch., CA 90266-3030											
7.	Resident 4100 Highland Ave. Apt. A Manhattan Bch., CA 90266-3030											
8.	Resident 4100 Highland Ave. Apt. B Manhattan Bch., CA 90266-3030											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)									

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
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☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
Registered Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident
4104 Highland Ave.
Manhattan Bch., CA 90266-3030

2.

Resident
4104 Highland Ave.
Manhattan Bch., CA 90266-3030

3.

Business Patron
4108 Highland Ave. Ste. B
Manhattan Bch., CA 90266-3030

4.

Business Patron
4108 Highland Ave. Ste. A
Manhattan Bch., CA 90266-3030

5.

Resident
4112 Highland Ave.
Manhattan Bch., CA 90266-3070

7.

Resident
4116 Highland Ave.
Manhattan Bch., CA 90266-3070

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

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☐ Insured
☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Registered
Value
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident
4118 Highland Ave.
Manhattan Bch., CA 90286-3070

2.

Resident
4118 Highland Ave.
Manhattan Bch., CA 90286-3070

3.

Resident
4118 Highland Ave. Apt. A
Manhattan Bch., CA 90286-3070

4.

Resident
4120 Highland Ave.
Manhattan Bch., CA 90286-3070

5.

Resident
4122 Highland Ave.
Manhattan Bch., CA 90286-3070

6.

Resident
4122 Highland Ave. Apt. A
Manhattan Bch., CA 90286-3070

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

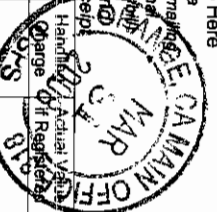
Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Postmark Here

(If issued as a certificate of mailing or for additional copies of this form, Postmark and Date of Receipt)

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge (if Registered)	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
----------------	---	---------	-----	---------------------------------	---------------	-------------------	--------	--------	--------	--------	--------



1.	Resident 4113 Highland Ave. Manhattan Bch., CA 90266-3069										
2.	Business Patron 4103 Highland Ave. Manhattan Bch., CA 90266-3029										
3.	Resident 305 42nd St Manhattan Bch., CA 90266-3005										
4.	Resident 303 42nd St Manhattan Bch., CA 90266-3005										
5.	Resident 4206 Highland Ave. Apt. A Manhattan Bch., CA 90266-3032										
6.											
7.											
8.											

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

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☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

Resident

4206 Highland Ave. Apt B

Manhattan Bch., CA 90266-3032

2.

3.

Resident

4206 Highland Ave.

Manhattan Bch., CA 90266-3032

4.

Resident

4216 Highland Ave. Apt A

Manhattan Bch., CA 90266-3062

5.

6.

Resident

4216 Highland Ave. Apt B

Manhattan Bch., CA 90266-3062

7.

Resident

4216 Highland Ave. Apt C

Manhattan Bch., CA 90266-3062

8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Date of Receipt

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

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7.

8.

Resident

4216 Highland Ave. Apt D

Manhattan Bch., CA 90266-3062

Resident

4216 Highland Ave. Apt F

Manhattan Bch., CA 90266-3062

Resident

4216 Highland Ave. Apt G

Manhattan Bch., CA 90266-3062

Resident

4216 Highland Ave. Apt H

Manhattan Bch., CA 90266-3062

Resident

4300 Highland Ave.

Manhattan Bch., CA 90266-3034

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving agent/agent)

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due Sender
if COD

DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

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7.

8.

Resident
4312 Highland Ave. Lowr
Manhattan Bch., CA 90266-3077

Resident
4312 Highland Ave. Uppr
Manhattan Bch., CA 90266-3077

Resident
4306 Highland Ave.
Manhattan Bch., CA 90266-3034

Resident
4304 Highland Ave.
Manhattan Bch., CA 90266-3034

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving sample)

See Privacy Act Statement on Reverse

Name and Address of Sender

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Date of Receipt

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☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4307 Highland Ave. Manhattan Bch., CA 90266-3033											
2.	Resident 4305 Highland Ave. Manhattan Bch., CA 90266-3033											
3.	Resident 4303 Highland Ave. Manhattan Bch., CA 90266-3033											
4.	Resident 4301 Highland Ave. Manhattan Bch., CA 90266-3033											
5.	Resident 4301 Highland Ave. Manhattan Bch., CA 90266-3033											
6.	Resident 4301 Highland Ave. Manhattan Bch., CA 90266-3033											
7.	Resident 4301 1/2 Highland Ave. Manhattan Bch., CA 90266-3033											
8.	Resident 4301 1/2 Highland Ave. Manhattan Bch., CA 90266-3033											

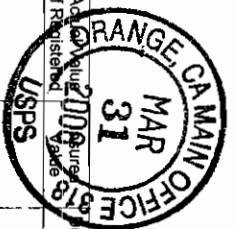
See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

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- ☐ Recorded Delivery (International)
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Postmark and
Date of Receipt



Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Weight (lb. or oz.)	Insurance Fee (if Registered)	Signature Fee (if Registered)	Due Sender (if COD)	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4215 Highland Ave. Apt A Manhattan Bch., CA 90266-3075												
2.	Resident 4215 Highland Ave. Apt B Manhattan Bch., CA 90266-3075												
3.	Resident 229 Moonstone St Manhattan Bch., CA 90266-3039												
4.	Resident 225 Moonstone St Manhattan Bch., CA 90266-3039												
5.	Resident 221 Moonstone St Manhattan Bch., CA 90266-3039												
6.													
7.													
8.													

See Privacy Act Statement on Reverse

Name and Address of Sender

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Date of Receipt

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☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Additional Value
If Registered

Insured
Value

Due Sender
if COD

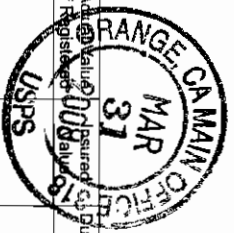
DC
Fee

SC
Fee

SH
Fee

RD
Fee

RR
Fee



1.

2.

3.

4.

5.

6.

7.

8.

Resident

219 Moonstone St

Manhattan Bch., CA 90266-3039

Resident

217 Moonstone St

Manhattan Bch., CA 90266-3039

Resident

215 Moonstone St

Manhattan Bch., CA 90266-3039

Resident

213 Moonstone St

Manhattan Bch., CA 90266-3039

Resident

211 Moonstone St

Manhattan Bch., CA 90266-3039

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse

Name and Address of Sender

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Date of Receipt

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- ☐ Express Mail
- ☐ Insured
- ☐ Recorded Delivery (International)
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Registered
Value

Sender
COD

DC

SC

SH

RD

RR

Fee

Fee

1.

Resident

209 Moonstone St

Manhattan Bch., CA 90266-3039

2.

Resident

207 Moonstone St

Manhattan Bch., CA 90266-3039

3.

Resident

205 Moonstone St

Manhattan Bch., CA 90266-3039

4.

Resident

201 Moonstone St

Manhattan Bch., CA 90266-3039

5.

Resident

129 Moonstone St

Manhattan Bch., CA 90266-3037

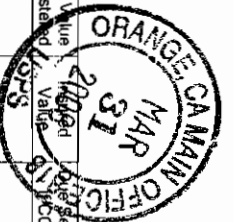
6.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
☐ Delivery Confirmation
☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

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Postmark and
Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Drop-Sender Fee if COD	DC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 125 Moonstone St Apt B Manhattan Bch., CA 90266-3037										
2.	Resident 125 Moonstone St Apt A Manhattan Bch., CA 90266-3037										
3.	Resident 125 Moonstone St Manhattan Bch., CA 90266-3037										
4.	Resident 121 Moonstone St Manhattan Bch., CA 90266-3037										
5.	Resident 119 Moonstone St Manhattan Bch., CA 90266-3037										
6.	Resident 117 Moonstone St Manhattan Bch., CA 90266-3037										
7.											
8.											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)								

See Privacy Act Statement on Reverse

Name and Address of Sender

Check type of mail or service:

Postmark and Date of Receipt

- ☐ Certified
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- ☐ Recorded Delivery (International)
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☐ Signature Confirmation

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Article Number

Addressee (Name, Street, City, State, & Zip Code)

Postage

Fee

Handling Charge

Actual Value if Registered

Insured Value

Due Date

Fee

SH Fee

RD Fee

RR Fee

Resident

120 Moonstone St

Manhattan Bch., CA 90266-3038

Resident

122 Moonstone St

Manhattan Bch., CA 90266-3038

Resident

124 Moonstone St Apt. A

Manhattan Bch., CA 90266-3038

Resident

124 Moonstone St Apt. B

Manhattan Bch., CA 90266-3038

Resident

128 Moonstone St

Manhattan Bch., CA 90266-3038

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

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Name and Address of Sender

Check type of mail or service:

- ☐ Certified
☐ COD
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Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
If Registered

Insured
Value

Postmark
Date

DC

SC

SH

RD

RR

Fee

Fee

Fee

Fee

1.

Resident

200 Moonstone St.

Manhattan Bch., CA 90266-3040

2.

3.

Resident

202 Moonstone St.

Manhattan Bch., CA 90266-3040

4.

Resident

206 1/2 Moonstone St.

Manhattan Bch., CA 90266-3040

5.

6.

Resident

206 Moonstone St.

Manhattan Bch., CA 90266-3040

7.

Resident

208 Moonstone St.

Manhattan Bch., CA 90266-3040

8.

Total Number of Pieces
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☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insurance
Value

Due Date
for
Payment

DC

SC

SH

RD

RR

Fee

Fee

Fee

1.

Resident

212 Moonstone St

Manhattan Bch., CA 90286-3040

2.

3.

Resident

214 Moonstone St

Manhattan Bch., CA 90286-3040

4.

Resident

216 Moonstone St

Manhattan Bch., CA 90286-3040

5.

6.

Resident

224 Moonstone St

Manhattan Bch., CA 90286-3040

7.

Resident

224 1/2 Moonstone St

Manhattan Bch., CA 90286-3040

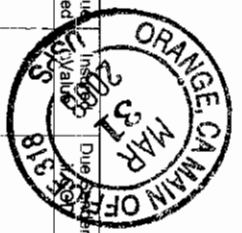
8.

Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

See Privacy Act Statement on Reverse



Name and Address of Sender

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- ☐ Recorded Delivery (International)
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Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Date	DC Fee	SH Fee	RD Fee	RR Fee
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Resident

4201 Crest Dr.

Manhattan Bch., CA 90266-3019

2.

Resident

4201 1/2 Crest Dr.

Manhattan Bch., CA 90266-3019

4.

Resident

4203 Crest Dr.

Manhattan Bch., CA 90266-3019

5.

Resident

4205 Crest Dr.

Manhattan Bch., CA 90266-3019

7.

Resident

4207 Crest Dr.

Manhattan Bch., CA 90266-3019

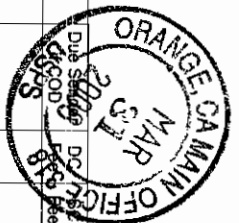
8.

Total Number of Pieces Listed by Sender

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)

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Name and Address of Sender

Check type of mail or service:

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☐ Express Mail
☐ Insured
- ☐ Recorded Delivery (International)
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Article Number

Addressee (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value

Due Date
if Registered

SC
Fee

SH
Fee

RD
Fee

RR
Fee

1.

2.

3.

4.

5.

6.

7.

8.

Resident
4209 Crest Dr. Apt. A
Manhattan Bch., CA 90266-3019

Resident
4301 Crest Dr.
Manhattan Bch., CA 90266-3020

Resident
4303 Crest Dr.
Manhattan Bch., CA 90266-3020

Resident
4305 Crest Dr.
Manhattan Bch., CA 90266-3020

Resident
4307 Crest Dr.
Manhattan Bch., CA 90266-3020

Total Number of Pieces
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Total Number of Pieces
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Postmaster, Per (Name of receiving employee)

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Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured (if COD)	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	Resident 4308 Crest Dr. Manhattan Bch., CA 90266-3062										
2.	Resident 4321 Crest Dr. Manhattan Bch., CA 90266-3066										
3.	Resident 4315 Crest Dr. Manhattan Bch., CA 90266-3066										
4.	Resident 4311 Crest Dr. Manhattan Bch., CA 90266-3066										
5.	Resident 4309 Crest Dr. Manhattan Bch., CA 90266-3020										
6.	Resident 4308 Crest Dr. Manhattan Bch., CA 90266-3062										
7.	Resident 4321 Crest Dr. Manhattan Bch., CA 90266-3066										
8.	Resident 4311 Crest Dr. Manhattan Bch., CA 90266-3066										

See Privacy Act Statement on Reverse

Name and Address of Sender

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☐ Registered
☐ Return Receipt for Merchandise
☐ Signature Confirmation

Article Number

Address (Name, Street, City, State, & ZIP Code)

Postage

Fee

Handling
Charge

Actual Value
if Registered

Insured
Value
if Registered

DC
Fee

SC
Fee

SH
Fee

RD
Fee

NR
Fee

Resident

4311 Crest Dr. Apt. B

Manhattan Bch., CA 90266-3066



Total Number of Pieces
Listed by Sender

Total Number of Pieces
Received at Post Office

Postmaster, Per (Name of receiving employee)

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