	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X ☐ Agent ☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
1 Article Addressed to:	D. Is delivery address different from item 1? Yes
John Valenzuela	If YES, enter delivery address below: No
Chairperson	
San Fernando Band of Mission Indians	
P.O. Box 221838	
Newhall, CA 91322-1838	
	3. Service Type ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9403 0540 5173 8209 12	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for
	☐ Collect on Delivery Merchandise
Article Number (Transfer from service label)	☐ Insured Mail ☐ Signature Confirmation
7015 1730 0000 3055 4919	☐ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signature
Complete items 1, 2, and 3.Print your name and address on the reverse	□ Agent
so that we can return the card to you.	X Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Sam Dunlap	
Cultural Resources Director	
Gabrielino/Tongva Nation	
P.O. Box 86908	
Los Angeles, CA 90086-0908	
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Certified Mail® ☐ Delivery
9590 9403 0126 5077 0337 19	☐ Certified Mail Restricted Delivery ☐ Return Receipt for
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
L. MIGO MULLIDE MICHOLD MONTO SELVICE ICHEN	☐ Insured Mail ☐ Signature Confirmation
	☐ Insured Mail Restricted Delivery Restricted Delivery
7015 1730 0000 3055 4902	☐ Insured Mail Restricted Delivery (over \$500)
	☐ Insured Mail Restricted Delivery Restricted Delivery
7015 1730 0000 3055 4902 PS Form 3811, April 2015 PSN 7530-02-000-9053	Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt
7015 1730 0000 3055 4902 PS Form 3811, April 2015 PSN 7530-02-000-9053	Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY
7015 1730 0000 3055 4902 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3.	Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature
7015 1730 0000 3055 4902 PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse	Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	Insured Mail Restricted Delivery (over \$500) Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	□ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece,	Insured Mail Restricted Delivery (over \$500) Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Anthony Morales Gabrielino/Tongva San Gabriel Band of	□ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Anthony Morales	□ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Anthony Morales Gabrielino/Tongva San Gabriel Band of Mission Indians P.O. Box 693	□ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Anthony Morales Gabrielino/Tongva San Gabriel Band of Mission Indians	□ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Anthony Morales Gabrielino/Tongva San Gabriel Band of Mission Indians P.O. Box 693 San Gabriel, CA 91778-0693	Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Anthony Morales Gabrielino/Tongva San Gabriel Band of Mission Indians P.O. Box 693 San Gabriel, CA 91778-0693	Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Anthony Morales Gabrielino/Tongva San Gabriel Band of Mission Indians P.O. Box 693 San Gabriel, CA 91778-0693	□ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No 3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Registered Mail Testricted Delivery □ Certified Mail® □ Registered Mail Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Anthony Morales Gabrielino/Tongva San Gabriel Band of Mission Indians P.O. Box 693 San Gabriel, CA 91778-0693	□ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No 3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail®
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Anthony Morales Gabrielino/Tongva San Gabriel Band of Mission Indians P.O. Box 693 San Gabriel, CA 91778-0693 9590 9403 0540 5173 8209 29	□ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature Agent □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No 3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation TM □ Signature Confirmation
PS Form 3811, April 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Anthony Morales Gabrielino/Tongva San Gabriel Band of Mission Indians P.O. Box 693 San Gabriel, CA 91778-0693	□ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No 3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Celivery □ Collect on Delivery □ Collect on Delivery □ Signature Confirmation™ □ Signature Confirmation™

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Agent
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	
	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Andrew Salas	
Gabrieleño Band of Mission Indians— Kizh Nation	
P.O. Box 393	Commence of the second
Covina, CA 91723-0393	
	3. Service Type ☐ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™
9590 9403 0540 5173 8209 05	□ Adult Signature Restricted Delivery □ Registered Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Return Receipt for
2. Article Number (Transfer from service label)	☐ Collect on Delivery
7015 0640 0004 8087 9021	☐ Insured Mail ☐ Signature Confirmation ☐ Insured Mail Restricted Delivery Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	(over \$500)
1 3 1 3 m 3 0 1 1, April 2013 Fall 7330-02-000-9033	Domestic Return Receipt
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signature
Complete items 1, 2, and 3. Print your name and address on the reverse	☐ Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes
Robert F. Dorame	If YES, enter delivery address below:
Gabrielino Tongva Indians of California	
Tribal Council	
P.O. Box 490	
Bellflower, CA 90707-0490	
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
9590 9403 0540 5173 8219 95	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Certified Mail® Delivery
000000000000000000000000000000000000000	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation [™] ☐ Insured Mail ☐ Signature Confirmation
7015 0640 0004 8087 9038	☐ Insured Mail Restricted Delivery (over \$500)
S Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Joseph Ontiveros	
Cultural Resource Director	
Soboba Band of Luiseño Indians	
P.O. Box 487 San Jacinto, CA 92581-0487	
	G. Carrier Tree
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
9590 9403 0540 5173 8220 08	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Certified Mail® ☐ Delivery
	☐ Certified Mall Restricted Delivery ☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Signature Confirmation
7015 0640 0004 8087 9045	☐ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Michael Mirelez Cultural Resource Coordinator Torres Martinez Desert Cahuilla Indians P.O. Box 1160 Thermal, CA 92274-1160 	A. Signature X B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address	
9590 9403 0540 5173 8208 99 2. Article Number (<i>Transfer from service label</i>)	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Insured Mail	□ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery