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PS Form 3811, July 2015 PSN 7530-02-000-9053	9590 9402 3485 7275 7197 01 7017 3040 0000 4366 9354	Los Angeles Unified School District Attn: Albert Grazioli 333 South Beaudry Ave., 23rd Floor Los Angeles, CA 90017	or on the front if space permits. 1. Article Addressed to:	 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 mailplece. 	SENDER: COMPLETE THIS SECTION
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7017 3040 0000 4366 9392 PS Form 3811, July 2015 PSN 7530-02-000-9053	9590 9402 3485 7275 7196 95	Los Angeles Unified School District 355 South Grand Avenue, Suite 500 Los Angeles, CA 90071	Article Addressed to: 1. Article Addressed to:	so that we can return the card to you. Attach this card to the back of the mailpiece,	Complete items 1, 2, and 3.Print your name and address on the reverse	SENDER: COMPLETE THIS SECTION
ad Mail Restricted Delivery ad Mail Restricted Delivery \$500) \$500) Domestic Return Receipt	3. Service Type Adult Signature Registered Mallimation Registere		D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No	B. Received by (Printed Name) C. Date of Delivery	A. Signature	COMPLETE THIS SECTION ON DELIVERY

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9590 9402 3485 7275 7196 57 9590 9402 3485 7275 7196 57 7017 3040 0000 4366 4361	Marco Naser Khorasani, Trustee; Khorasani Family Trust; and, Marco Naser Khorasani and Nicole Khorasani 1419 East Maple Avenue El Segundo, CA 90245	 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. 	SENDER: COMPLETE THIS SECTION
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