

# Voter Registration Cancelled

You have successfully submitted your voter registration cancellation request to Clark County. Please note: your cancellation will not take effect for up to 24 hours.

**Name:** Matt Scott Mitchell  
**Cancellation Date:** 5/29/2022 11:44:33 AM  
**County:** Clark

Exit

For assistance, please call (775) 684-5705.

7020 0640 0000 1356 3337

U.S. Postal Service

# CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

North Las Vegas, NV 89030

Certified Mail Fee	\$3.60
Extra Services & Fees (check box, add fee as applicable)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
<b>Total Postage and Fees</b>	<b>\$7.00</b>



Sent To Clark County Election Dept.  
 Street and Apt. No., or PO Box No. 965 Trade Drive, Suite A  
 City, State, ZIP+4® North Las Vegas, Nevada 89030

**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:  
*Internal Revenue Office of the  
Commissioner - Room 3000  
Constitution Avenue NW  
Washington, DC. 20204*



9590 9402 5864 0038 9083 64

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**  
 *[Signature]*  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

*FEB 17 2004*

**3. Service Type**

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Signature Confirmation™
	<input type="checkbox"/> Signature Confirmation Restricted Delivery

Electronic Return Receipt

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**  
Holtsville, NY 11742

Certified Mail Fee	\$3.60	0094
Extra Services & Fees (check box, add fee if appropriate)	\$7.85	8
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
Total Postage and Fees	\$7.00	



ETEE 95ET 0000 0490 0202

Sent To  
**Internal Revenue Office of Comm. Dept. of Treasur**  
Street and Apt. No., or PO Box No.  
**P.O. box 480**  
City, State, ZIP+4®  
**Holtsville, New York 11742**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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:

*Internal Revenue Office of  
Commissioner Dept. of Treasury  
P.O. box 480  
Holtsville, New York 11742*

9590 9402 5864 0038 9083 57



Article Number: *Transfer from outside label*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
**RECEIVED**

C. Date of Delivery  
**FEB - 8 2021**

D. Is delivery address different from item 1? If YES, enter delivery address below:  
**IPS CENTER AT BROOKHAVEN**  
**811**

**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

4th Printing Recipient

U.S. Postal Service  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Carson City, NV 89701  
**OFFICIAL USE**

Certified Mail Fee	\$3.60
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$0.55
Total Postage and Fees	\$7.00

0094  
8



Sent To  
 NEVADA SECRETARY OF STATE Barbara K. Cegavske  
 Street and Apt. No., or PO Box No.  
 101 N. Carson Street, suite 3  
 City, State, ZIP+4®  
 Las Vegas, NV 89701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

6596 55ET 0000 0490 0201

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:

NEVADA SECRETARY OF STATE  
 Barbara K. Cegavske  
 101 North Carson St. suite 3  
 Las Vegas, NV 89701

9590 9402 5864 0038 9083 02



Article Number (Transfer from service label)

7020 0640 0000 1355 9859

Form 3811, July 2015 PSN 7530-02-000-9053

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

FEB 08 2021

RECEIVED

Secretary of State

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Las Vegas, NV 89101

Certified Mail Fee	\$3.60
Extra Services & Fees (check box, add fee to appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$7.00



Sent To: District Attorney Steven B. Wolfson  
 Street and Apt. No., or PO Box No.: 200 Lewis Avenue  
 City, State, ZIP+4®: Las Vegas, NV 89101

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

ER2E 95ET 0000 0490 0202

**ENDER: 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:

District Attorney  
 Steven B. Wolfson  
 200 Lewis Avenue  
 Las Vegas, NV 89101

9590 9402 5864 0038 9083 26



Article Number (Transfer from service label)

7020 0640 0000 1356 3283

**COMPLETE THIS SECTION ON DELIVERY**

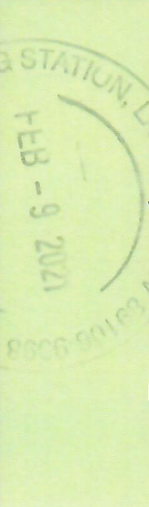
A. Signature

Agent

B. Received by (Printed Name)  Addressee

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®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

2 Evans 9894 1 11/17/2015 10:17:00 AM 10/17/2015 10:17:00 AM

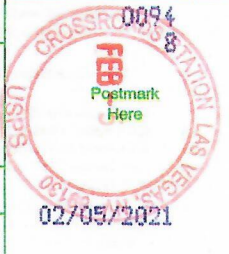
Postmark Here

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Las Vegas, NV 89155

Certified Mail Fee	\$3.60
Extra Services & Fees (check box, add fee \$ per item)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$7.00



922E 95ET 0000 0490 0202

Sent To  
Clerk of Court Steven D. Grierson  
Street and Apt. No., or PO Box No.  
800 Lewis Avenue  
City, State, ZIP+4®  
Las Vegas, NV 89155

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**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:

Clerk of Court  
Steven D. Grierson  
800 Lewis Ave  
Las Vegas, NV 89155



9590 9402 5864 0038 9083 19

Article Number (Transfer from service label)

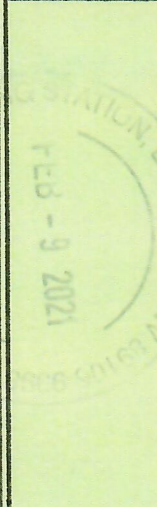
0220 0640 0000 1356 3276

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name)  
LAS VEGAS, NV 89155

C. Date of Delivery



D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type
- Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail (over \$500)
  - Insured Mail Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

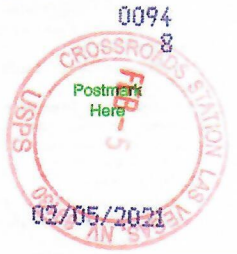
**U.S. Postal Service**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Las Vegas, NV 89101

**OFFICIAL USE**

Certified Mail Fee	\$3.60
Extra Services & Fees (check box, add fee as appropriate)	\$7.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
<b>Total Postage and Fees</b>	<b>\$7.00</b>



Sent To Nevada Attorney General Aaron D. Ford  
 Street and Apt. No., or PO Box No. 555 E. Washington Ave suite 3900  
 City, State, ZIP+4® Las Vegas, NV 89101

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

692E 95ET 0000 0490 0202

**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:

*Nevada Attorney General*  
*Aaron D. Ford*  
*55 E. Washington Ave #3900*  
*Las Vegas, NV 89101*

9590 9402 5864 0038 9082 58



Article Number (Transfer From service label)

7020 0540 0000 1356 3269

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**Signature**  **Agent Addressee**

**B. Received by (Printed Name)**  **C. Date of Delivery**

**D. Is delivery address different from item 1? If YES, enter delivery address below:**  **Yes**  **No**

**3. Service Type**

- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

SEnum 3811 1nhv 0115 DSM 7529129 JMM 01252

Domestic Return Receipt