




Cover Sheet for:
Ronald Lee Tichacek©
c/o 1400 Colorado Street; Suite C
Boulder City, Nevada (89005)
(702) 845-3335
rlthacek@outlook.com

**Copies of:
Return Receipts
for
Notice Letters**

Contains: 8 pages

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Commissioner of the IRS <i>Department of the Treasury</i> P.O. Box 480 Holtsville, New York 11742	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 6561 1028 6381 96	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"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) RB 855 942 164 US	PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature X Inspected and Processed <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Antony J. Blinken <i>Office of the Secretary of State</i> 2201 C Street NW Washington, D.C. 20520	B. Received by (Printed Name) AUG 23 2021	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 6561 1028 6381 89	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"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) RB 855 942 195 US	PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Nevada Secretary of State Barbara K. Cegay ske 101 North Carson Street, Suite 3 Las Vegas, Nevada 89701	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No RECEIVED AUG 05 2021 Secretary of State	
 9590 9402 6498 0346 3952 67	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"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7021 0350 0001 2182 1922	PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

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.

1. Article Addressed to:
 District Attorney
 Steve B. Wolfson
 200 Lewis Avenue
 Las Vegas, Nevada 89101



9590 9402 6498 0346 3952 74

2. Article Number (Transfer from service label)
 7021 0350 0001 2182 1939

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X ARK COUNTY MAIL SERVICES Agent Addressee

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

C. Date of Delivery
 1707 4 - SNV

- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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.

1. Article Addressed to:
 Nevada Attorney General
 Aaron D. Ford
 555 E. Washington Ave, Suite 3500
 Las Vegas, Nevada 89101



9590 9402 6498 0346 3952 81

2. Article Number (Transfer from service label)
 7021 0350 0001 2182 1946

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] Agent Addressee

B. Received by (Printed Name)
 8-4

C. Date of Delivery
 8-4

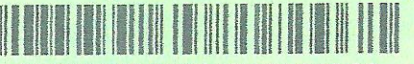
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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.

1. Article Addressed to:
 Clerk of Court
 Steven D. Grierson
 200 Lewis Avenue
 Las Vegas, Nevada 89155



9590 9402 6498 0346 3952 98

2. Article Number (Transfer from service label)
 7021 0350 0002 0604 6264

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X CLARK COUNTY MAIL SERVICES Agent Addressee

B. Received by (Printed Name)
 LAS VEGAS, NV 89135

C. Date of Delivery
 1707 4 - SNV


- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
3. Service Type Priority Mail Express®
 Adult Signature Registered Mail™
 Adult Signature Restricted Delivery Registered Mail Restricted Delivery
 Certified Mail® Signature Confirmation™
 Certified Mail Restricted Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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.

1. Article Addressed to:
 Nevada Voter Registration
 101 North Carson Street
 Suite #3
 Carson City, Nevada 89701



9590 9402 6498 0346 3953 11

2. Article Number (Transfer from service label)
 7021 0350 0001 2182 1908

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 AUG 05 2021

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

Secretary of State

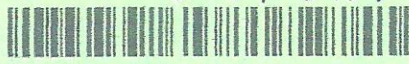
3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery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

Domestic Return Receipt

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.

1. Article Addressed to:
 Clark County Elections
 c/o P.O. Box 3909
 Las Vegas, Nevada
 89127-3909



9590 9402 6498 0346 3953 04

2. Article Number (Transfer from service label)
 7021 0350 0001 2182 1915

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

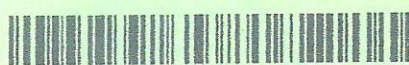
3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery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

Domestic Return Receipt

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.

1. Article Addressed to:
 Nebraska Army National Guard
 2433 NW 24th Street
 Lincoln, NE 68524



9590 9402 6498 0346 3953 28

2. Article Number (Transfer from service label)
 RB 855 942 093 US

PS Form 3811, July 2020 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

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

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 back so that we can return the card to you.
- Attach this card to the back of the mail piece, or on the front if space permits.

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

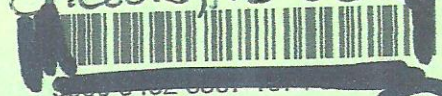
C. Date of Delivery
AUG 27 2021

1. Article Addressed to:

Commander
US Army Reserve Personnel
(AHRC PAVV) Command
1 Reserve Way
St. Louis, Mo. 63132

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

Dep 420



3. Service type

- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail™
- Certified Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

2. Article Number (Transfer from service label)
RB855942102US

Domestic Return Receipt

USPS Tracking®

Military Notice Letter to: USMC

Tracking Number: RB855942080US

Remove X

Feedback

Your item was delivered at 1:04 pm on August 6, 2021 in QUANTICO, VA 22134.

 **Delivered**

August 6, 2021 at 1:04 pm
QUANTICO, VA 22134

Get Updates 

Tracking Number: 9590940265611028638189

Remove X

Feedback

Your item was delivered to an individual at the address at 8:01 am on August 26, 2021 in BOULDER CITY, NV 89005.

 **Delivered, Left with Individual**

August 26, 2021 at 8:01 am
BOULDER CITY, NV 89005

USPS Tracking®

Internal Revenue Office of the Commissioner, Notice Letter

Tracking Number: RB855942178US

Remove X

Your item was delivered to an individual at the address at 11:49 am on August 20, 2021 in WASHINGTON, DC 20224.

Feedback

Delivered, Left with Individual

August 20, 2021 at 11:49 am
WASHINGTON, DC 20224

Get Updates 

Tracking Number: 9590940265611028638233

Remove X

Your item arrived at our USPS facility in WASHINGTON DC DISTRIBUTION CENTER on September 12, 2021 at 6:31 am. The item is currently in transit to the destination.

Feedback

Arrived at USPS Regional Facility

September 12, 2021 at 6:31 am
WASHINGTON DC DISTRIBUTION CENTER

Ronald Lee Tichacek ©
46100 Colorado Street, Suite C
Boulder City, Nevada
Postal Code Extension (89005)



Internal Revenue Office of the Commissioner
Room 3000
1111 Constitution Avenue NW
Washington, D.C. 20204

Internal Revenue Office of the Commissioner
Room 3000
1111 Constitution Avenue NW
Washington, D.C. 20204

90 855 992 378 05

RRXSS 992 178 05

POSTNET

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Registered by
R.B. 855 992 178 05

Postmaster: Please do not affix postage stamps to this envelope. If postage is required, please affix to the back of the envelope.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Ronald Lee Tichacek ©
46100 Colorado Street, Suite C
Boulder City, Nevada (89005)

Internal Revenue Office of the Commissioner
Room 3000
1111 Constitution Avenue NW
Washington, D.C. 20204