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	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
· · · · · · · · · · · · · · · · · · ·	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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: TSCA-07-2001 Roger E. Kinsey and/or 		A. Signature Agent X Addressee B. Received by (Printed Name) C. Date of Delivery AShtcn KNSPY D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
-	Joan M. Kinsey 4052 Sheridan Boulevard Lincoln, Nebraska 68506		3. Service Type Certified Mail Registered Insured Mail 4. Restricted Deliver	□ C.O.D.	ll eipt for Merchandise
	2. Article Number (Transfer from servic700	4 2510 00	<u> 106 9719 86</u>	, 1 ,6	
: ;	PS Form 3811, February 2004	Domestic Ret	turn Receipt		102595-02-M-1540
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