

U.S. Postal Service™

# CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

## OFFICIAL USE

Postage \$

Certified Fee

Postmark  
Here

Restrict  
(Endorse)

Total

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

Raymond J. O'Connor  
O'Connor Enterprises  
P.O. Box 139  
Grand Island, Nebraska 68802-0139

PS Form 3800, June 2002

See Reverse for Instructions

7004 2510 0006 9719 7909

### SENDER: COMPLETE THIS SECTION

- 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-07-2006-0271

Raymond J. O'Connor  
O'Connor Enterprises  
P.O. Box 139  
Grand Island, Nebraska 68802-0139

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Raymond J. O'Connor

C. Date of Delivery

10/16/06

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service lab)

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