

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>Sharon Marburger</i> <input type="checkbox"/> Agent <i>Justine Edstrom</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Sharon Marburger</i> C. Date of Delivery <i>8-15-05</i> <i>Justine Edstrom</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>CWA-07-2005-0241</i></p> <p>Jaron Bromm, Esq. 1221 N Street, Suite 801 Lincoln, Nebraska 68508-2028</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7002 0860 0006 5963 4626</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

O F F I C I A L U S E

Postage	\$	
Certified Fee		

Return (Endorser) Jaron Bromm, Esq.
 Restricted (Endorser) 1221 N Street, Suite 801
 Total Po Lincoln, Nebraska 68508-2028

Sent To

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

City, State, ZIP+ 4

PS Form 3800, April 2002 See Reverse for Instructions

9294 4626
 5963 4626
 9000 0006
 0860 0006
 7002 0860