

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p> A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery 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 </p>	
<p> 1. Article Addressed to: A SEP 28 2007 EVERETT D. KILMER REGISTERED AGENT NIOBRARA ELECTRIC ASSOCIATION, INC. P.O. BOX 697 LUSK, WY 82225 <i>EM-L</i> </p>	<p> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>	
<p> 2. Article Number (Transfer from cover) TSCA-08-2007-0013 7005 1620 0005 4855 5120 </p>		
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>	<p>102505 (0-04) 1040</p>