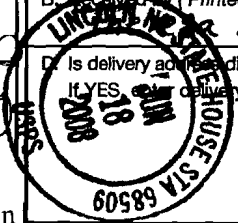


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Thomas Sampson</i>	
1. Article Addressed to: <i>NDOR + Hawkins</i> CWA-07-2007-0040 Jennifer A. Huxoll, Esq. Attorney General Office - Road's Section 1500 Highway 2 P.O. Box 94759 Lincoln, Nebraska 68509-4759		B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Thomas Sampson</i> C. Date of Delivery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		3. Service Type <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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from s) 7006 2760 0000 8652 1637			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	



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. 		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Andrea Howell</i>	
1. Article Addressed to: <i>NDOR + Hawkins</i> CWA-07-2007-0040 Thomas R. Wilmoth, Esq. Blackwell Sanders Peper Martin LLP 206 South 13 th Street Suite 1400 Lincoln, Nebraska 68508-2019		B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Andrea Howell</i> C. Date of Delivery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		3. Service Type <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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from servic) 7006 2760 0000 8652 1651			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	