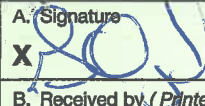


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: 1.2em; margin: 0;">CWA-07-2012-0003</p> <p>David Shelso Chairman, Board of Public Works 2701 East 1st Street Fremont, Nebraska 68026</p> </div>	B. Received by (Printed Name)	C. Date of Delivery <div style="text-align: center; font-size: 1.5em;">3/2</div>
2. Article Num (Transfer fro...	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7010 2780 0001 2211 3809 102595-02-M-1540		