

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. Received by (Please Print Clearly) <i>Donald M. Zila</i> B. Date of Delivery <i>7-8-02</i></p> <p>C. Signature <i>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Donald Zila, Mayor Village of Thurston, Nebraska Box 215 Thurston, NE. 68062</p> <p><i>CWA -07-2002-0104</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0002 5013 8019</p>
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	



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

7001 0320 0002 5013 8019

Donald Zila, Mayor
Village of Thurston, Nebraska
Box 215
Thurston, NE. 68062

Restricted Delivery Fee (Endorsement Required) []

Total Postage & Fees \$ **JUL 03 2002**

Sent To []
Street, Apt. No., or PO Box No. []
City, State, ZIP+4 []

PS Form 3800, January 2001 See Reverse for Instructions