

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

CWA-07-2007-0013

THE HONORABLE DAVE WALAHOSKI
CITY OF NEWMAN GROVE
PO BOX 446
NEWMAN GROVE, NE 68758

2. Article Number

(Transfer from service label)

7004 2510 0006 9719 8470

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Skivi Aeger*

- Agent
- Addressee

B. Received by (Printed Name)

Skivi Aeger

C. Date of Delivery

1-24-07

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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1. Article Addressed to:

CWA-07-2007-0013
Dave Newman Grove
PATRICK RICE, ASSISTANT DIRECTOR
WATER QUALITY DIVISION
NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
SUITE 400, THE ATRIUM
1200 N STREET, PO BOX 98922
LINCOLN, NE 68509-8922

2. Article Number

(Transfer from service label)

7004 2510 0006 9719 8487

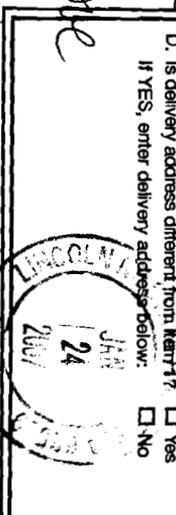
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Deale Anderson*
- Agent
- Addressee
- B. Received by (Printed Name) *Deale Anderson*
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
- If YES, enter delivery address below: No



3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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1. Article Addressed to:

City of Newman Grove
CWA-07-2007-0013
DONNA GARTEN, WASTEWATER DIVISION
WATER QUALITY DIVISION
NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
SUITE 400, THE ATRIUM
1200 N STREET, PO BOX 98922
LINCOLN, NE 68509-8922

2. Article Number

(Transfer from service label)

7004 2510 0006 9719 8494

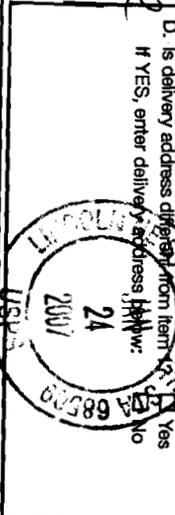
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Deale Anderson*
- Agent
- Addressee
- B. Received by (Printed Name) *Deale Anderson*
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
- If YES, enter delivery address below: No



3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes