

**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:

Michael L. Holton  
City Administrator of Plainview  
209 West Locust  
PO Box 757  
Plainview, Nebraska 68769-0757

2. Article Number  
(Transfer from)

7006 2760 0000 8648 6110

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1546

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Katie Conner*

Agent

Addressee

B. Received by (Printed Name)

*Katie Conner*

C. Date of Delivery

*7-14-09*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery (Extra Fee)

Yes