

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:

Mr. Clark Boschult
 Department of Public Works
 400 E. Military Ave.
 Fremont, NE 68026

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

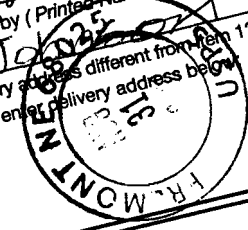
COMPLETE THIS SECTION ON DELIVERY

A. Signature *S. Johnson* Agent
 Addressee

B. Received by (Printed Name)
S. Johnson

C. Date of Delivery
8/15/04

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



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D. Yes

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0000 8648 1573

Domestic Return Receipt

102595-02-M-1540