

| 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. Signature <input checked="" type="checkbox"/> <i>Evelyn Detleson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Evelyn Detleson</i> C. Date of Delivery <i>1-7-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to: <i>CWA-07-2008-0082</i></p> <p>Ken Petska Highway 11, Box 91 Elyria, Nebraska 68837</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 Numb <i>7006 2760 0000 8648 6936</i> (Transfer from)</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1546</p> | |