

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 D. Nelson, Esq.
Ohnstad Twichell, P.C.
901 13th Avenue East
P.O.Box 458
West Fargo, ND 58078-0458

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Jana Hill Agent
 Addressee

B. Received by (Printed Name) *Jana Hill* C. Date of Delivery *12-13-10*

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

7005 0390 0002 5028 8580