

7004 2510 0006 9720 6205

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: **Larry Bockelman**
 Mayor, City of Wisner
 P.O. Box 367
 Wisner, Nebraska 68791-0367

PS Form 3811, February 2004

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:

Larry Bockelman
 Mayor, City of Wisner
 P.O. Box 367
 Wisner, Nebraska 68791-0367

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Stephanie James* Agent Addressee

B. Received by (Printed Name)
Stephanie James

C. Date of Delivery
12-6-07

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

2. Article Number (Transfer from service label) 7004 2510 0006 9720 6205

7004 2510 0006 9720 6212

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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent To: **Steve Goans**
 NPDES Compliance Coordinator Unit Supervisor
 Lincoln Office, The Atrium
 1200 N. Street, Suite 400
 Lincoln, Nebraska 68509-8922

PS Form 3800, June 2002 See Reverse for Instructions

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:

Steve Goans
 NPDES Compliance Coordinator Unit Supervisor
 Lincoln Office, The Atrium
 1200 N. Street, Suite 400
 Lincoln, Nebraska 68509-8922

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Dale Anderson* Agent Addressee

B. Received by (Printed Name)
Dale Anderson

C. Date of Delivery
12-10-07

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

2. Article Number (Transfer from service label) 7004 2510 0006 9720 6212