

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. 		A. Received by (Please Print Clearly) <i>Victor Smith</i>	B. Date of Delivery <i>7-8-02</i>
1. Article Addressed to: John Blackhawk, Chairman Winnebago Tribe of Nebraska P.O. Box 687 Winnebago, NE. 68071 <i>CUA-07-2002-0104</i>		C. Signature <i>x Victor Smith</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>USA</i>	
2. Article Number (Transfer from service label)		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0002 5013 8002			
PS Form 3811, March 2001		Domestic Return Receipt	
		102595-01-M-1424	

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

7001 0320 0002 5013 8002

John Blackhawk, Chairman
Winnebago Tribe of Nebraska
P.O. Box 687
Winnebago, NE. 68071

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ _____

JUL 03 2002

Sent To _____
Street, Apt. No., or PO Box No. _____
City, State, ZIP+4 _____

PS Form 3800, January 2001 See Reverse for Instructions