

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>Andrea Howell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <p style="text-align: center;">CWA-07-2007-0041</p> <p>Thomas R. Wilmoth, Esq.            Blackwell Sanders Peper Martin LLP            206 South 13<sup>th</sup> Street, Suite 1400            Lincoln, Nebraska 68508-2019</p>		B. Received by (Printed Name) <i>Andrea Howell</i>	C. Date of Delivery <i>8/27</i>
2. Article Number <i>(Transfer from service lab)</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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	
2. Article Number <i>(Transfer from service lab)</i>		7004 2510 0006 9722 0836	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to:  <p style="text-align: center;">CWA-07-2007-0041</p> <p>Jennifer A. Huxoll, Esq.            Atty General Office - Road's Section            1500 Highway 2            P.O. Box 94759            Lincoln, Nebraska 68509-4759</p>		B. Received by (Printed Name) <i>Dale A Dreescher</i>	C. Date of Delivery <i>8/27</i>
2. Article Number <i>(Transfer from service label)</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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2. Article Number <i>(Transfer from service label)</i>		7004 2510 0006 9720 9893	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	