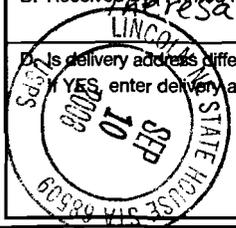


| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Theresa Simpson</i> | |
| 1. Article Addressed to: <i>Nook & Hawkins</i> <i>CWA-07-2007-0040</i> Jennifer A. Huxoll, Esq. Attorney General Office - Road's Section 1500 Highway 2 P.O. Box 94759 Lincoln, Nebraska 68509-4759 | B. Received By (Printed Name) <input type="checkbox"/> Date of Delivery <i>Theresa Simpson</i> | |
| | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: | |
| 2. Article Number (Transfer from service label) <i>7006 2760 0000 8651 6855</i> | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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 | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |



| 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. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Kallis E. King</i> | |
| 1. Article Addressed to: <i>CWA-07-2007-0040</i> <i>Nook & Hawkins</i> Tom R. Wilmoth, Esq. Husch Blackwell Sanders LLP 206 S. 13 th Street, Suite 1400 Lincoln, Nebraska 68508 | B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Kallis E. King</i> <i>9-10-08</i> | |
| | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: | |
| 2. Article Number (Transfer from se) <i>7006 2760 0000 8651 6848</i> | 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 | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |