

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
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| <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> | <p>A. Signature <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> <i>Marsha Granger</i> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery<br/> <i>Marsha Granger</i> <i>8-16-10</i></p>  |
| <p>1. Article Addressed to:</p> <p><i>CWA-07-2010-0121</i></p> <p>Chris Vincent, Chief Operating Officer<br/> Aurora Cooperative<br/> 7280 Gibbon Road<br/> Gibbon, Nebraska 68840</p>   | <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> If YES, enter delivery address below:</p> <p><i>PO Box 610<br/> Gibbon NE<br/> 68840-0610</i></p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <i>AUG 16 2010</i></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number<br/> (Transfer from service label)</p>  | <p><i>7006 2760 0000 8646 9861</i></p>   |

