SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	A. Signature	
Item 4 if Restricted Delivery is desired.	v Constitution	☐ Agent
■ Print your name and address on the reverse	ATTOON ON ON	☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, on on the front if space permits.	B. Samps	C. Date of Delivery
1. Article Adoressed to:	Is delivery and seed different from item It YES and delivery address below	
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Jennifer A. Huxoll, Esq. Attorney General Office – Road's Section	60989 11.	
1500 Highway 2	Service Type	
P.O. Box 94759	Certified Mail Express Mai	il eipt for Merchandise
Lincoln, Nebraska 68509-4759	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7006 2760 0000	8652 1637	
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PS Form 3811, February 2004 Domestic Ref	turn Receipt	102595-02-M-1540
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