SENDER: COMPLETE THIS SECTION 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.	A. Signature X Addressee B. Received by (Printed Name) COMPLETE THIS SECTION ON DELIVERY Agent Addressee
or on the front if space permits. Applicate Addressed to the back of the Intamples of or on the front if space permits. Applicate Addressed to the back of the Intamples of the Intample of the Intamples of the Intamples of the Intamples of the Intample of the Inta	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Farrukh Rakhimov 202 South 73 rd Street Omaha, Nebraska 68114	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
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2. Article Number 7006 2760 00 PS Form 3811, February 2004 Domestic R	00 8645 8711 eturn Receipt 102595-02-M-1540

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