

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 3410 0000 2596 2998

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

CA/FO  
 12/14/11

Postmark Here

**Matthew Graff, Legal Counsel**  
**Sampson Construction Co.**  
 3730 South 14<sup>th</sup> Street  
 Lincoln, NE 68502

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

DOCKET NO.: CWA-08-2011-0041

**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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Matthew Graff, Legal Counsel**  
**Sampson Construction Co.**  
 3730 South 14<sup>th</sup> Street  
 Lincoln, NE 68502

DOCKET NO.: CWA-08-2011-0041

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Michelle Lenner*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Michelle Lenner* 12-19-11

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from) 7009 3410 0000 2596 2998