|    | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY                             |
|----|--|---|
|    | <ul> <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> <li>Article Addressed to:</li> </ul> The Honorable Marc Kaschke | A. Signature  X   |
|    | Mayor, City of North Platte 211 W. 3 <sup>rd</sup> St North Platte, NE 69101   | 3. Septice Type Certified Mail Registered Insured Mail C.O.D. |
| X. |  | 4. Restricted Delivery? (Extra Fee)                           |
|    | 2. Article Number (Transfer from service label) 7005 27  | 60 0000 8648 1580   |
|    | PS Form 3811, February 2004 Domestic Re  | turn Receipt 102595-02-M-1540                                 |

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