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	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> <li>Article Addressed to:</li> <li>Michael S. Mostek</li> </ul>	A Signature X A agent Agent Addressee B. Received by (Printed Name) C. Date of Delivery 127/13 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
	KOLEY JESSEN P.C., L.L.O. One Pacific Place, Suite 800 1125 South 103rd Street	3. Service Type Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.	
	Omaha, Nebraska 68124	4. Restricted Delivery? (Extra Fee)	
	2. Article N 700L 27L0 0000 8LL (Transfer from services	+6 3036	
	PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540	X
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