FECEIVED-FPSC 10 JUN-9 AM 9: 38

COMMISSION CLERK

100233-TI

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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. Art ressed to:	A. Signature  X. Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  C. Tale of Delivery  C. Tale of Delivery  D. Is delivery address different from item 1? If YES, enter delivery address below:  No
Omaha NE 68134-1530	3. Service Type
Ollitara	☐ Registered ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 0003 8796 8285 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Retu	um Receipt 102595-02-M-1540

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