

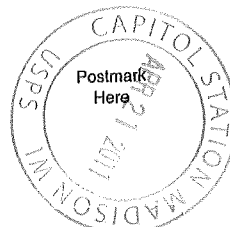
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT** 19363  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

**OFFICIAL USE**

7007 3020 0000 6329 1718

Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>



Sent To: Madison Metropolitan School District  
 Administrative Services  
 Street, Apt or PO Box: 4711 Pflaum Rd.  
 City, State: Madison, WI 53718

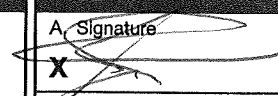
**SENDER: COMPLETE THIS SECTION**

- 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:  
 Madison Metropolitan School District  
 Administrative Services  
 4711 Pflaum Rd.  
 Madison, WI 53718

2. Article Number  
 (Transfer from sé) 7007 3020 0000 6329 1718

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 4-25-01

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