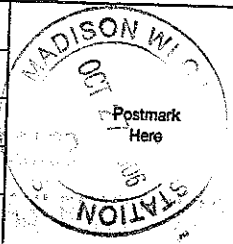


U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

10# 02534

**OFFICIAL USE**

Postage	\$ 63	
Certified Fee	240	
Return Receipt Fee (Endorsement Required)	185	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 488</b>	

**Sent To**  
 Town of Middleton  
 ATTN: Jim Mueller  
 7555 W Old Sauk Rd.  
 Verona, WI 53593

PS Form 3800, April 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <i>Sara Ludtke</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>Sara Ludtke</i> <span style="float: right;"><i>10-30-02</i></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Town of Middleton            ATTN: Jim Mueller            7555 W Old Sauk Rd.            Verona, WI 53593         </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 20px;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="margin-left: 20px;"><input type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="margin-left: 20px;"><input type="checkbox"/> C.O.D.</span></p>
<p>2. Article Number        (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7002 0860 0004 2998 8898</p>	
<p>PS Form 3811, August 2001 <span style="margin-left: 50px;">Domestic Return Receipt</span> <span style="margin-left: 50px;"><i>IO# 02534</i></span> <span style="float: right;">102595-02-M-1540</span></p>	