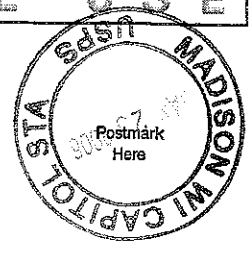


7002 0860 0000 1371 5398

OFFICIAL USE

Postage	\$ 63
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 488



Sent To
 City of Fitchburg
 Karen Peters, Clerk
 5520 Lacy Rd.
 Fitchburg, WI 53711

See Reverse for Instructions

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:

City of Fitchburg
 Karen Peters, Clerk
 5520 Lacy Rd.
 Fitchburg, WI 53711

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Tanya Malley Agent Addressee

B. Received by (Printed Name)
 Tanya Malley

C. Date of Delivery
 11-21-06

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

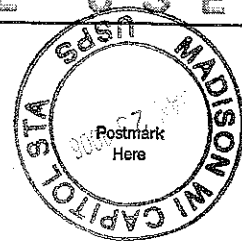
7002 0860 0000 1371 5398

7002 0860 0000 1371 5398

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

OFFICIAL USE

Postage	\$ 63
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 488



Sent To
 City of Fitchburg
 Karen Peters, Clerk
 5520 Lacy Rd.
 Fitchburg, WI 53711

See Reverse for Instructions

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:

City of Fitchburg
 Karen Peters, Clerk
 5520 Lacy Rd
 Fitchburg, WI 53711

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Tanya Malley Agent Addressee

B. Received by (Printed Name)
 Tanya Malley

C. Date of Delivery
 11-21-06

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

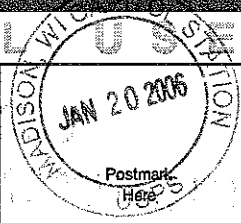
7002 0860 0000 1371 5398

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

7002 0860 0000 1371 5459

OFFICIAL U.S. MAIL

Postage	\$ 39
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 464



Sent To CHARLES JULIANA
 PROGRESSIVE INSURANCE
 PO BOX 89440
 CLEVELAND OH 44101

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800

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:

CHARLES JULIANA
 PROGRESSIVE INSURANCE
 PO BOX 89440
 CLEVELAND OH 44101

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Charles Branch*

B. Received by (Printed Name) CHARLES BRANCH

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7002 0860 0000 1371 5459