2. E. E. E	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insuran	II # 005 gg
, T 2 E T	OFFICIA	
	Postage \$ 03 Certified Fee 040	G8511 446
0980	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	O Postmark Here
7002	Sent To  City of Fitchburg	
	Karen Peters, Clerk 5520 Lacy Rd	
	Fitchburg, WI 53711	See Reverse for Instructions

■ Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is of Print your name and address of so that we can return the card ■ Attach this card to the back of	A Signature  A Signature  X
or on the front if space permits.  1 Article Addressed to:	D Is delivery address different from item 1? You if YES, enter delivery address below:
City of Fitchburg Karen Peters, Clerk 5520 Lacy Rd	
Fitchburg, WI 53711	3. Service Type Certified Mail
Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee): 口 Ye

5398	U.S. Postal Servi CERTIFIED M (Domestic Mail	ALLE				age Provi	
1371	OFF	C		e e e		<u> </u>	
000 0980 201	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees	\$ Q 240 170 	3 6 7	<b>-</b>	STATE TO	Postmark Here	MOSIGA
2007	Sent To City of Fitchb Karen Peters, 5520 Lacy Rd Fitchburg, W	Clerk	1		see rieve	rse for Instr	

	and the second of the second o
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> </ul>	A. Signature  X. A. Signature  B. Received by (Painted Name)  Addressee  B. Received by (Painted Name)  Addressee  Addressee
1. Article Addressed to:	D Is delivery address different from item 1?
City of Fitchburg Karen Peters, Clerk 5520 Lacy Rd	
Fitchburg, WI 53711	3 Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)   Yes
(Transfer from service label) 7002	0860 0000 1371 5398
PS Form 3811, February 2004 Domestic Re	eturn Receipt +0# 00239 102595-02-M-1540

HS (Domestic	stage s 39  Office quired spread s 39  CHARLES JULIANA  PROGRESSIVE INSURANCE  PO BOX 89440	
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.  Article Addressed to:  CHARLES JULIANA PROGRESSIVE INSURANCE PO BOX 89440 CLEVELAND OH 44101	A Signature  X	
2 Article Number (Transfer from service label) 7002 0 60 000 1371 5457  PS Form 3811, February 2004 Domestic Return Receipt # 0 2012 102595-02-M-1540		