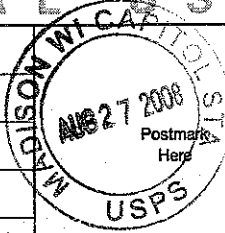


7002 0860 0004 2964 0741

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

OFFICIAL USE

Postage	\$ 47
Certified Fee	270
Return Receipt Fee (Endorsement Required)	220
Restricted Delivery Fee (Endorsement Required)	—
Total Postage & Fees	\$ 537



TOWN OF BLOOMING GROVE
MIKE WOLF, CLERK
1880 S STOUGHTON RD
MADISON WI 53716

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:

TOWN OF BLOOMING GROVE
MIKE WOLF, CLERK
1880 S STOUGHTON RD
MADISON WI 53716

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Michael J Wolf Addressee

B. Received by (Printed Name) C. Date of Delivery
MICHAEL J WOLF *8/29/08*

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

7002 0860 0004 2964 0741