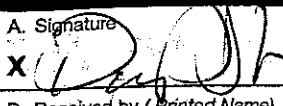


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
1. Article Addressed to:  Town of Middleton ATIN: Jim Mueller 7555 W. Old Sauk Rd. Verona, WI 53593		B. Received by (Printed Name) DAVID SHAW C. Date of Delivery 3/15/07	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		0000 1371 3080	
PS Form 3811, February 2004		Domestic Return Receipt ID# 05366	
		102595-02-M-1540	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage	\$ 38
Certified Fee	240
Return Receipt Fee (Endorsement Required)	180
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$464</b>
<b>Sent To</b> Town of Middleton ATIN: Jim Mueller 7555 W. Old Sauk Rd. Verona, WI 53593	
or Instructions	

CAPITOL STA CARRIER ANNEX  
Postmark Here  
MAR 14 2007  
VERONA, WI 53593

0002 7002 0860 0000 1371 3080