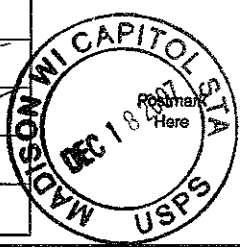


U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

807E 72ET 0000 0990 2007

OFFICIAL USE

Postage	\$ 41
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 521



Sent To
 Town of Verona Clerk
 ATTN: Rose Johnson
 335 N Nine Mound Rd
 Verona, WI 53593

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 Verona Clerk
 ATTN: Rose Johnson
 335 N. Nine Mound Rd.
 Verona, WI 53593

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rose M. Johnson* Agent Addressee

B. Received by (Printed Name) *Rose M. Johnson* C. Date of Delivery *12-19*

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 *7002 0860 0000 1371 3103*