

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:

Cherokee Park, Inc
1612 S Golf Glen
Madison, WI 53704

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent Addressee

B. Received by (Printed Name)
 Tina Howell

C. Date of Delivery
 3-7-13

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

7009 0820 0001 0235 6940

PS Form 3811, February 2004

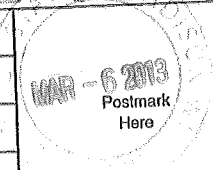
Domestic Return Receipt 28859 1/2 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT 28859 1/2
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.75
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	6.11
Total Postage	



Postmark Here

Sent To
 Cherokee Park, Inc
 1612 S Golf Glen
 Madison, WI 53704

PS Form 3800 for Instructions

7009 0820 0001 0235 6940

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.
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1. Article Addressed to:

MICHAEL BEST, & FRIEDRICH
 100 E WISCONSIN AVE., STE. 3300
 MILWAUKEE, WI 53202-4108

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 R. Friedrich

C. Date of Delivery
 3-8-13

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

7009 0080 0001 3692 3651

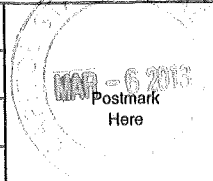
PS Form 3811, February 2004 Domestic Return Receipt 28859 2/2 102595-02-M-1540

7009 0080 0001 3692 3651

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

For delivery information visit our website at www.usps.com

Postage	\$.45
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Sent to
 Street or PO
 City, State, ZIP+4®
 PS Form 3811, February 2004

MICHAEL BEST, & FRIEDRICH
 100 E WISCONSIN AVE., STE. 3300
 MILWAUKEE, WI 53202-4108

Instructions