

7007 3020 0000 6329 1725

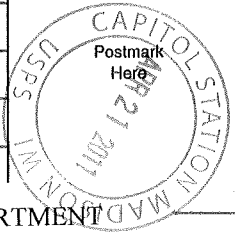
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

19863

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

Postage	\$	.74
Certified Fee		2.85
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.59



Sent to: ADMINISTRATION DEPARTMENT  
 Office of the Village Clerk  
 Street or PO: 5915 Milwaukee Street  
 City: P.O. Box 110  
 McFarland, Wisconsin 53558-0110

**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:

ADMINISTRATION DEPARTMENT  
 Office of the Village Clerk  
 5915 Milwaukee Street  
 P.O. Box 110  
 McFarland, Wisconsin 53558-0110

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:  Agent  Addressee  
 X Don Petersen

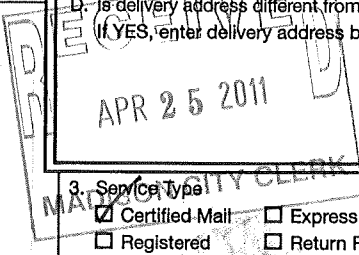
B. Received by (Printed Name): Don Petersen

C. Date of Delivery: 4/22/11

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 (Transfer from service) 7007 3020 0000 6329 1725