

**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  
Audrey Rue, Clerk  
1880 S. Stoughton Rd.  
Madison, WI 53716

2. Article Number  
(Transfer from service label):

7002 0860 0000 1371 4568

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Chris Astrella*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Chris Astrella* *1/13/05*

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

ID# 01553