

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:

WCSD MAIN OFFICE
905 BETHEL CIRCLE
WAUNAKEE, WI 53597

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Teri Reible* Agent
 Addressee

B. Received by (Printed Name) *Teri Reible* C. Date of Delivery *1/8/10*

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

2. Article Number
(Transfer from service label)

7009 0820 0001 0235 8357

PS Form 3811, February 2004 *file* 10 # *14850* Domestic Return Receipt

102595-02-M-1540

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 WESTPORT-CLERK
5387 MARY LAKE RD
WAUNAKEE, WI 53597

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Lisa Enders* Agent
 Addressee

B. Received by (Printed Name) *Lisa Enders* C. Date of Delivery *01-08-10*

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

2. Article Number
(Transfer from service label)

7009 0820 0001 0235 8371

PS Form 3811, February 2004 *file* 10 # *14850* Domestic Return Receipt

102595-02-M-1540