

**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 Middleton  
 ATTN: Jim Mueller  
 7555 W. Old Sauk Rd  
 Verona, WI 53593

2. Article Number

(Transfer from service label)

7002 0860 0000 1371 4292

PS Form 3811, February 2004

Domestic Return Receipt

FD# 00655

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Addressee  Agent

B. Received by (Printed Name) **DAVID D SHAW** C. Date of Delivery **4-5-07**

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

7002 0860 0000 1371 4292

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

**OFFICIAL USE**

Postage	\$ 63
Certified Fee	240
Return Receipt Fee (Endorsement Required)	180
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 483</b>

Sent To  
 Town of Middleton  
 ATTN: Jim Mueller  
 7555 W. Old Sauk Rd.  
 Verona, WI 53593

Form 3800, April 2002 See Reverse for Instructions

