

**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 4551

PS Form 3811, August 2001

Domestic Return Receipt

ID#01042

102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A Signature

X *Martin J Wolf*

Agent

Addressee

B Received by (Printed Name)

C. Date of Delivery

✓ 1/17/06

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