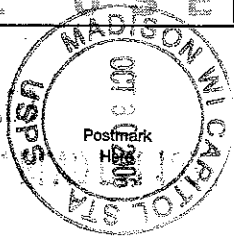


U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

<b>OFFICIAL USE</b>	
Postage	\$ 63
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	—
<b>Total Postage &amp; Fees</b>	<b>\$ 488</b>



**Sent To**  
 Town of Burke  
 Amy Volkmann, Clerk  
 5365 Reiner Rd.  
 Madison, WI 53704

**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 Burke  
 Amy Volkmann, Clerk  
 5365 Reiner Rd.  
 Madison, WI 53704

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *[Signature]*  Agent  Addressee

B. Received by (Printed Name)  
 LOS A Ford

C. Date of Delivery  
 10-31-01

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

7002 0860 0004 2998 8911