

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <i>Lois A Ford</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Lois A Ford</i>	C. Date of Delivery <i>11-1-10</i>
TOWN OF BURK - CLERK 5365 REINER RD. MADISON, WI 53718		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		7002 0860 0004 2961 3721	
PS Form 3811, February 2004		Domestic Return Receipt <i>19203</i> 102595-02-M-1540	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54
Sent To	DE FOREST SCHOOL DIST. ADMINISTRATIVE CENTER 520 E HOLUM ST DE FOREST, WI 53532
Street, Apt. No., or PO Box No.	
City, State, ZIP+	
PS Form 3800, April 2004	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54
Sent To	TOWN OF BURK - CLERK 5365 REINER RD. MADISON, WI 53718
Street, Apt. No., or PO Box No.	
City, State, ZIP+	
PS Form 3800, April 2004	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature <i>Sean Bystol</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) <i>Sean Bystol</i>	C. Date of Delivery <i>10-29-10</i>
DE FOREST SCHOOL DIST. ADMINISTRATIVE CENTER 520 E HOLUM ST DE FOREST, WI 53532		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		7002 0860 0004 2961 3714	
PS Form 3811, February 2004		Domestic Return Receipt <i>19203</i> 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:

Annexations and Railroads
 Division of Gov. Records
 Office of the Sec. of State
 P. O. Box 7848
 Madison, WI 53707-7848

2. Article Number
 (Transfer from service label)

7002 0860 0004 2961 3707

PS Form 3811, February 2004

Domestic Return Receipt

19203

M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Michael D. McNally, Jr.

- Agent
- Addressee

B. Received by (Printed Name)

MICHAEL D. McNALLY, JR.

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

NOV 8 2 2003

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

7002 0860 0004 2961 3707

OFFICIAL

Postage	\$ 1.39
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+

Annexations and Railroads
 Division of Gov. Records
 Office of the Sec. of State
 P. O. Box 7848
 Madison, WI 53707-7848

Postmark Here

PS Form 3800