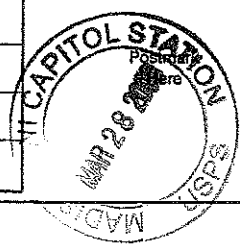


U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

7002 0860 0004 2964 0246

Postage	\$ 41
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	/
<b>Total Postage &amp; Fees</b>	<b>\$ 521</b>



**Sent To**  
 TOWN OF WESTPORT  
 KENNEDY ADMIN BLDG  
 5387 MARY LAKE RD  
 WAUNAKEE WI 53597

PS Form 3800, April 2002 See Reverse for Instructions

**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  
 KENNEDY ADMIN BLDG  
 5387 MARY LAKE RD  
 WAUNAKEE WI 53597

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: Lisa Endres  Agent  Addressee

B. Received by (Printed Name): Lisa Endres

C. Date of Delivery: 3/31/08

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 2964 0246

PS Form 3811, February 2004

Domestic Return Receipt ID# 08827 102595-02-M-1540