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.	A Signature  X  Signature  Bernard  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Annexations & Railroads Div. of Gov. Records Secretary of State PO Box 7848 Madison, WI 53707-7848	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:
	3. Service Type  Certified Mall  Registered  Insured Mall  C.O.D.  CEXTRE Fee)  Yes
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