

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:

X Annexations + Railroads
 Division of Government Records
 Office of Secretary of State
 PO Box 7848
 Madison, WI 53707-7848

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John D. Taylor*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

John D. Taylor

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

-
- Yes
-
-
- No

MAR 27 2014

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

-
- Yes

2. Article Number

(Transfer from service label)

7011 2970 0003 6566 0078

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

X Teri Lehrke
City Clerk
400 La Crosse St.
La Crosse, WI 54601

