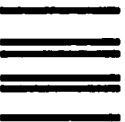


UNITED STATES

MAIL SERVICE
POSTAL SERVICE
W1 532

21 APR '14

PM 3:1



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

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

Teri Lehrke
City Clerk
400 La Crosse St.
La Crosse, WI 54601-3396

01339699



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:

Attorney Alan Marcovitz
 Michael Best & Friedrich LLP
 100 East Wisconsin Ave. Ste. 3300
 Milwaukee, WI 53202-4108

2. Article Number

(Transfer from service label)

7011 2970 0003 6566 0085

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

K. Mitchell

C. Date of Delivery

4-21-14

- 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