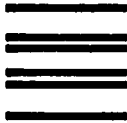


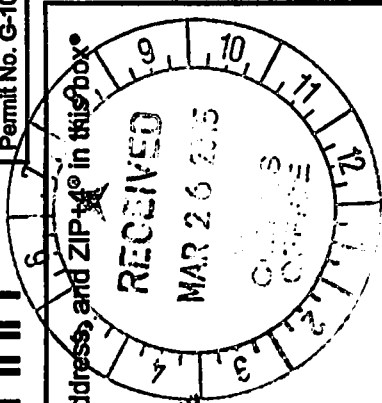
UNITED STATES POSTAL SERVICE



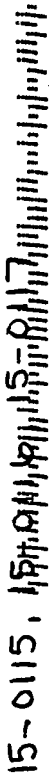
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

CITY CLERK'S OFFICE
400 LA CROSSE ST
LA CROSSE WI 54601



attn: Nikki



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:

Don M Millis Esq
 Reinhart Boerner
 Van Duren SC
 PO Box 2018
 Madison WI 53701-
 2018

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent
 Addressee

B. Received by (Printed Name)



C. Date of Delivery

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



3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7010 1870 0000 3311 9223

PS Form 3811, July 2013

Domestic Return Receipt