

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
La Crosse City Hall
400 La Crosse Street
La Crosse, WI 54601



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:

Annexations & Railroads
 Division of Government Records
 Office of the Secretary of State
 P.O. BOX 7848
 Madison, WI 53707-7848

2. Article Number

(Transfer from service label)

7011 2970 0003 6566 0108

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jenny D Taylor

 Agent Addressee

B. Received by (Printed Name)

Jenny D Taylor

C. Date of Delivery

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

JUL 16 2015

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes