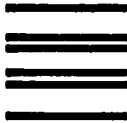


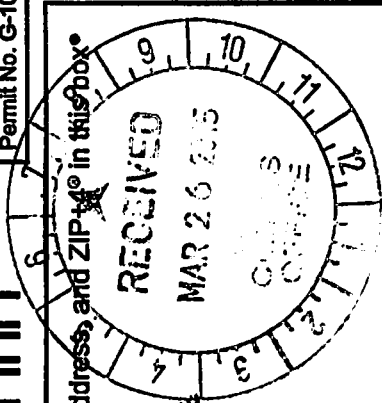
UNITED STATES POSTAL SERVICE



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

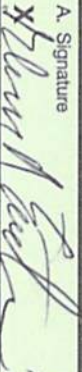
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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  
 No  
 If YES, enter delivery address below:



3. Service Type

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