

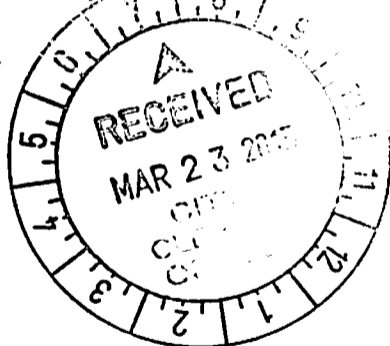
UNITED STATES POSTAL SERVICE



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

15-0114

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:

Kristine H. Cleary
 100 Harborview
 Partners
 301 Sky Harbour Dr
 Lacrosse WI 54603

2. Article Number

(Transfer from service label)

7010 1870 0000 3311 9230

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent
 Addressee

B. Received by (Printed Name)

Tara Knight

C. Date of Delivery

3/19/15

D. Is delivery address different from item 1? YesIf 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