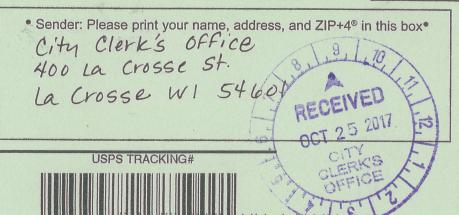
11-1229 United States Postal Service



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



9403 0428 5163 6760 92

ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. 	A. Signature X Agent Addressee B. Received by Printed Warns) Date of Delivery
Article Addressed to: Department of Administration Junicipal Boundary Review Do Box 1645 Madison W1 53701-1645	D. Is delivery address different from item 1? If Yes if YES, enter delivery address below: No
9590 9403 0428 5163 6760 92	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation™
7015 0140 0001 9393 7612	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt
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