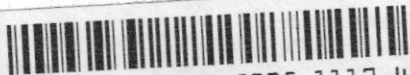


**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Atty. Sean Sweeney  
 Halling & Cayo  
 320 E. Buffalo St- Ste 700  
 Milwaukee, WI 53202



9590 9401 0119 5225 1117 42

2. Article Number (Transfer from service label)

7015 1520 0002 7283 1019

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

 Agent Addressee

C. Date of Delivery

1-25-16

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



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

9590 9401 0119 5225 1117 42

United States  
Postal Service

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

City of Racine  
Clerk/Treasurer's Office  
730 Washington Ave  
Room 103  
Racine, WI 53403-1146

