



January 8, 2026

CERTIFIED MAIL

City of Kaukauna
 144 West Second Street
 Kaukauna, WI 54130-2200

RE: Parcel No.: 304
 Parcel Address: Evergreen Drive
 2801 Progress Way
 Kaukauna, WI 54130
 Project ID: 1130-63-21, IH-41, Outagamie & Brown Counties
 Appleton – De Pere (STH 96 – CTH F)

Dear City of Kaukauna:

The Wisconsin Department of Transportation (WisDOT) is planning a roadway improvement project on IH-41 located in both Outagamie and Brown Counties which includes new right of way acquisition in multiple areas. MSA Professional Services, Inc. has been hired to act as an agent for WisDOT to acquire the needed right of way for the improvement project. I will be your point of contact and will work closely with you through the real estate acquisition process. In compliance with Wisconsin statutes and federal regulations, you are receiving this letter to initiate negotiations for the acquisition of your property and/or property interests needed for the above referenced improvement project.

Enclosed are the following documents:

- Appraisal Report
- The Rights of Landowners Under Wisconsin Eminent Domain Law
- Appraisal Guidelines and Agreement
- Transportation Project Plat with Names of 10 Other Neighboring Landowners Affected by the Project, if Applicable
- Warranty Deed with Legal Description of the Land and/or Interest(s) Needed for the Project
- Statement to Construction Engineer
- New Supplier Form (DOA-6460)
- Internal Revenue Service Form W-9 Request for Taxpayer Identification

WisDOT's approved estimate of just compensation is \$2,100.00 and is based on the enclosed appraisal report. This amount does not consider any decrease or increase in the market value of the property caused by the anticipation of the project. The allocation of this amount is as follows:

Allocation	Description	Size	Unit	Per Unit	Value (\$) Rounded
Fee	Land (Tax Parcel 322095603) Larger Parcel 304A	860.00	Sq. Ft.	\$0.90	\$774.00
Fee	Land (Tax Parcel 322098200) Larger Parcel 304B	315.00	Sq. Ft.	\$1.30	\$409.00
Temporary Limited Easement (TLE)	TLE (Tax Parcel 322098200) Larger Parcel 304B	1,404.00	Sq. Ft.	\$0.60	\$846.00
Appraiser Rounding	Appraiser Rounding				\$71.00

Total Allocation \$2,100.00*

**General taxes shall be prorated at the time of closing based on the net general taxes for the preceding year.*

If you agree with the value stated in the appraisal report and wish to enter into an agreement with WisDOT, please sign the following documents and return them to me in a timely manner for final review and approval. Also enclosed is a self-addressed (MSA), postage-paid envelope for your convenience. Upon receipt of these documents, we will submit a payment request.

- A. **Warranty Deed**: All landowners whose names are listed or assigned to this parcel must sign and date this document. Each signature must be acknowledged in the presence of a Notary Public.
- B. **Statement to Construction Engineer**: This form requires the signature of only one landowner and is used to inform the construction engineer of any special commitments, if any, that were agreed to by you and WisDOT for construction purposes.
- C. **New Supplier Form (DOA-6460)**: This form is to be completed in full for payment processing. Section 3 (Payment Direct Deposit/ACH Information) presents two options. You may receive payment by "Direct Deposit" to a checking or savings account or opt out of "Direct Deposit" and receive payment by mail. Should you choose "Direct Deposit" you must accompany this form with a current, voided check or include a bank letter on bank letterhead signed by a bank representative (as directed on the form).
- D. **Form W-9**: This form is required by the IRS for any transaction valued at \$600.00 or more. If more than one landowner, unless husband and wife at the time of the conveyance, each should submit a W-9. If exempt, please provide an exemption form.

If you are not satisfied with the above-stated conclusions of value for your property, you are eligible to obtain an additional appraisal from a qualified appraiser of your choice. If you elect to have an appraisal report prepared, you must take certain steps to qualify for reimbursement.

Your eligibility for appraisal cost reimbursement will expire 60 days from your receipt of the agency's appraisal, which is estimated to be on **March 12, 2026**. Receipt of the agency's appraisal is considered to have been accomplished either upon the date of personal delivery or date of postmark. See the enclosed Appraisal Guidelines and Agreement document for further explanation. If your appraisal report is submitted after the 60-day statutory date, the agency may consider it for negotiation purposes; however, it will not be eligible for reimbursement.

It is important to us that you are satisfied that your property and your rights have been fully considered. We will provide any additional information requested, if available, or further discuss any other concerns you may have. Should you have any questions or concerns, please feel free to contact me at the phone number or email addressed below.

Sincerely,
MSA Professional Services, Inc.



Jessie Prien, MSA Real Estate Project Manager
1835 North Stevens Street, Rhinelander, WI 54501
(715) 304-0404
jprien@msa-ps.com

Enclosures: As stated in letter.

cc: Sarah Reese, WisDOT Real Estate Leadworker – Northeast Region

WARRANTY DEED

Wisconsin Department of Transportation

Exempt from fee [s. 77.25(2r) Wis. Stats.]

RE1560 01/2023

THIS DEED, made by **City of Kaukauna, a Wisconsin municipal corporation**, GRANTOR, conveys and warrants the property described below to the **Wisconsin Department of Transportation**, GRANTEE, for the sum of **Two Thousand One Hundred and 00/100 Dollars (\$2,100.00)**.

Any person named in this deed may make an appeal from the amount of compensation within six months after the date of recording of this deed as set forth in s. 32.05(2a) Wisconsin Statutes. For the purpose of any such appeal, the amount of compensation stated on the deed shall be treated as the award, and the date the deed is recorded shall be treated as the date of taking and the date of evaluation.

Other persons having an interest of record in the property: **None**.

This is not homestead property.

LEGAL DESCRIPTION IS ATTACHED AND MADE A PART OF THIS DOCUMENT BY REFERENCE.

This space is reserved for recording data

Return to
ATTN: Jessie Prien
MSA Professional Services, Inc.
1835 North Stevens Street
Rhinelander, WI 54501

Parcel Identification Number/Tax Key Number
322095603; 322098200

The undersigned certify that this instrument is being executed pursuant to a resolution of the board of directors (or shareholders, if authorized by law) of GRANTOR.

City of Kaukauna

Signature _____ Date _____

Print Name & Title _____

Date _____

Signature _____ Date _____

State of _____

Print Name & Title _____

)
)
) ss.
County _____

On the above date, this instrument was acknowledged before me by the above-named person(s).

The signer was: _____ Physically in my presence. **OR**

_____ In my presence involving the use of communication technology.

Print Name & Title _____

Signature, Notary Public, State of _____

Signature _____ Date _____

Print Name, Notary Public, State of _____

Print Name & Title _____

Date Commission Expires _____

Project ID
1130-63-21

This instrument was drafted by Jessie Prien,
MSA Professional Services, Inc., on behalf of
Wisconsin Department of Transportation

Parcel No.
304

LEGAL DESCRIPTION

Parcel 304 of Transportation Project Plat 1130-63-21-4.31, recorded as Document 2291927, at the Register of Deeds office in Outagamie County, Wisconsin.

Property interests and rights of said Parcel 304 consist of:

Fee simple.

Also, Parcel 304 of Transportation Project Plat 1130-63-21-4.33 Amendment No. 1, recorded as Document 2348567, at the Register of Deeds office in Outagamie County, Wisconsin.

Property interests and rights of said Parcel 304 consist of:

Fee simple.

Temporary limited easement.

Any interests or rights not listed above for said parcel but shown as required on said Transportation Project Plat are hereby incorporated herein by reference.

STATEMENT TO CONSTRUCTION ENGINEER

RE1528 10/2024 s. 84.09 Wis. Stats.

Wisconsin Department of Transportation

Copies to: project engineer and owner

Owner Name(s) City of Kaukauna	Property Address Evergreen Drive & 2801 Progress Way Kaukauna, WI 54130 Mailing Address 144 West Second Street Kaukauna, WI 54130-2200	Area code - phone Home: Cell: Work: Email:
Tenant, if any	Property Address Evergreen Drive & 2801 Progress Way Kaukauna, WI 54130 Mailing Address	Area code - phone Home: Cell: Work: Email:

- All commitments agreed upon between negotiator and property owner are listed below.**
- All commitments are subject to approval of Wisconsin Department of Transportation.**
- Basic concepts of construction project have been explained to owner.**
- No other commitments, either verbal or implied, are valid.**

Commitments made (fences, driveways, trees, drainage or other items):

Other matters of interest and owner concerns:

City of Kaukauna

Property Owner Signature & Title	Date	Negotiator Signature	Date
Property Owner Signature & Title	Date	Jessie Prien Print Negotiator Name	

Commitments Approved:

Approving Authority Signature and Title	Date
<hr/>	
Print Approving Authority Name	

Project ID 1130-63-21	County Outagamie	Parcel No. 304
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New Supplier Form

Section 1: Identifying Information

EIN
-OR-
SSN

Pursuant to Section 6109 of the Internal Revenue Service Code, we are required to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. Forms without a TIN will not be accepted.

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank:

Business Name/disregarded entity name, if different from above:

Address: _____
City: _____ State: _____ ZIP: _____
DUNS# _____ UEI# _____

Section 2: Order Address (For Purchase Orders)

Address: _____
City: _____ State: _____ ZIP: _____
DUNS# _____ DTE# _____

Section 3: Payment Direct Deposit/ACH Information

Bank Name:	Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Account Number:	Routing Number:		

Routing number supplied must match attached bank verification

To opt out of Direct Deposit, Check This Box
Attach a copy of a current voided check or include a bank letter on bank letterhead, signed by a bank representative. Either option must include

the individual/company name

Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and therefore fall under the regulation of IAT?

Section 5: Financial Information

Primary Contact Name:

Title: _____ **Email:** _____

Phone: _____ **Fax:** _____

Secondary Contact Name: _____

Title: _____ **Email:** _____

Phone:

Wisconsin law provides that State agencies or authorities cannot purchase any materials, supplies, equipment, or contractual services from suppliers (vendors), if the supplier and its affiliates are not registered, collecting, and remitting Wisconsin sales or use tax on sales of tangible personal property and taxable services in Wisconsin to the Wisconsin Department of Revenue. If the supplier or its affiliates only make exempt sales in Wisconsin, an Affidavit of Exempt Sales can be signed in lieu of registering. Exempt sales do not include sales of tangible personal property or taxable services not taxed solely because the supplier or affiliate does not have activity in Wisconsin that requires them to collect and remit sales and use tax (Nexus). This law does not change the federal constitutional limitations on who must be licensed to conduct business in Wisconsin. Additionally, A foreign corporation (any corporation other than a Wisconsin corporation) which becomes a party to this Agreement is required to conform to all the requirements of Chapter 180, Wis. Stats., relating to a foreign corporation and must possess a certificate of authority from the Wisconsin Department of Financial Institutions, unless the corporation is transacting business in interstate commerce or is otherwise exempt from the requirement of obtaining a certificate of authority.

The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e. passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier. *Only Authorized individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. Fraudulent conveyances are punishable offenses.* The entity listed hereby authorizes the State of Wisconsin to initiate credit entries to its bank account at the financial institution identified above. Additionally, this form provides the State of Wisconsin the authority to reverse (withdraw) any erroneous credits (deposits) to the account. The authority shall remain in effect until the State of Wisconsin receives written notification of revocation and has a reasonable opportunity to act on it.

Print Name: _____ Date: _____
Signature: _____ Phone: _____

DOA-6460 – New Supplier Form

REQUIRED Information



Section 1. Identifying Information

- Tax Identification Number – must match either the Social Security Number or the Employer Identification number from completed W-9; check corresponding EIN or SSN box.

Name – must match first line on W-9

Business Name – if applicable, must match W-9 if listed on W-9

State of Wisconsin
Wisconsin Department of Administration
Division of Executive Budget & Finance
DOA-64660 (R01/022)

New Supplier Form

Section 1: Identifying Information

Name – must match first line on W-9

Business Name – if applicable, must match W-9 if listed on W-9

Address/City/State/Zip = M1st match W-8

Tax Identification Number:

Pursuant to Section 6109 of the Internal Revenue Service Code, we are required to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. Forms without a TIN will not be accepted.

Name (as shown on your income tax return); Name is required on this line; do not leave this line blank.

DUNS#/EUI# - if available

Address: _____ City: _____ State: _____ Zip: _____

Section 2. Only complete if Purchase Orders are to be sent to different address

Section 2: Order Address (For Purchase Orders)

Address: _____
City: _____

Section 2: Order Address (For Purchase Orders)	Address:	City:	State:	ZIP:
Country:	U.S.A.	Prov.:	Prov.:	Prov.:

State: _____ ZIP: _____

DOA-6460 – New Supplier Form

REQUIRED Information

Section 3. Payment Direct Deposit/ACH Information

- Only complete if you want to be paid via ACH (Electronic money transfer).
- If you want a paper check, check the box and go to Section 5.

To opt out of Direct Deposit, Check This Box

For ACH Payment, provide:

- Bank Name
- Account Type: check appropriate box
 - Account Number (provide entire account number)
 - Routing Number
 - Email for Remit Info (used for notification of payment)
- Attach a copy of current voided check **OR** include a bank letter on bank letterhead, signed by a bank representative. The information **MUST** include the individual/company name, routing and account numbers pre-printed by the financial institution and must match the information provided above, under ACH Payment.

Section 3: Payment Direct Deposit/ACH Information			
Bank Name:	Account Type:	Checking <input type="checkbox"/>	Savings <input checked="" type="checkbox"/>
Account Number:	Routing Number:	Routing number supplied must match attached bank verification	
Email for Remit Info		To opt out of Direct Deposit, Check This Box	
Attach a copy of a current voided check or include a bank letter on bank letterhead, signed by a bank representative. Either option must include the individual/company name, routing and account numbers pre-printed by the financial institution			

Section 4: International ACH Transaction Information

Will the entire amount of this electronic payment ultimately be deposited into a financial institution outside of the United States, and therefore fall under the regulation of IAT?

Yes

No

Section 4. International ACH Transaction Information

- Checking "Yes" indicate the entire amount of ACH will be deposited into a financial institution outside the US.
- Checking "No" indicate the ACH payment will be deposited into a financial institution located in the US.

DOA-6460 – New Supplier Form

REQUIRED Information

Section 5. Contact Information

At least one contact information is needed.

For individuals, Name and Phone are sufficient.

For business:

- Provide Primary Contact Name, Title, Email, and Phone.
- Provide Secondary Contact Name, Title, Email, and Phone, if you wish.

Section 5: Contact Information	
Primary Contact Name:	Email: Title: Phone: Secondary Contact Name: Email: Title: Phone:

Section 6. Read the Agreement, Sign & Date

Wisconsin law provides that State agencies or authorities cannot purchase any material, supplies, equipment, or contractual services from suppliers (vendors); if the supplier and its affiliates are not registered, certifying, and remitting Wisconsin sales or use tax on sales of tangible personal property and taxable services in Wisconsin to the Wisconsin Department of Revenue. If the supplier or its affiliates only make exempt sales in Wisconsin, an Affidavit of Exempt Sales can be signed in lieu of Registration. Exempt sales do not include sales of tangible personal property or taxable services not listed under the supplier or affiliate does not have activity in Wisconsin that requires them to collect and remit sales and use tax (New). This law does not change the federal constitutional limitations on who may be required to collect business in Wisconsin. Additionally, A local corporation (any corporation other than a Wisconsin corporation) which becomes a party to this agreement is required to conform to all the requirements of Chapter 180, Wis. Stats., relating to a foreign corporation and must possess a certificate of authority from the Wisconsin Department of Financial Institutions, unless the corporation is transacting business in interstate commerce. It is otherwise exempt from the requirement of obtaining a certificate of authority.

The State will establish authentication information requirements for communications between the supplier and the State, through electronic systems or paper forms. If the State receives a communication containing proper authentication information, it shall be entitled to act on the communication, and shall not be obligated to verify the content of such communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any communication sent in the name of the supplier. The supplier shall be solely responsible for the safeguarding of the authentication information (i.e. passwords, Employee Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is en masse or on an account or the supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from inadvertent unauthorized use of the authentication information by the supplier. Only authorized individuals may complete and submit this form by completing this form, as are verifying that you are a duly authorized representative of your organization and/or lawfully able to initiate changes to banking information. ~~Employee, supervisor, and manager~~. The entity listed hereby authorizes the State of Wisconsin to initiate changes to its bank account at the financial institution identified above. Additionally, this form provides the State of Wisconsin the authority to reverse (withdraw) any erroneous credits deposited to the account. The authority shall remain in effect until the State of Wisconsin receives written notification of revocation and has a reasonable opportunity to act on it.

Print Name:	Date:
Signature:	Phone:

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
2 Business name/disregarded entity name, if different from above					
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.					
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►					
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)				
6 City, state, and ZIP code					
7 List account number(s) here (optional)					

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number							
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
or							
Employer identification number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.*

W-9 Request for Taxpayer ID and Certification

REQUIRED Information for W-9

Request for Taxpayer Identification Number and Certification	
Go to www.irs.gov/FormW9 for instructions and the latest information.	
Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.	
1. Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
2. Business name/disregarded entity name, if different from above.	
3a. Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	
<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
3b. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) in the entry space. Note: Check the LLC box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.	
3c. Other (see instructions)	
3d. If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions	
<i>(Applies to accounts maintained outside the United States.)</i>	

1. NAME as shown on income tax return:

- Business/Entity – name of business (EIN)
- Individual – name of individual (SSN)

2. Business Name-Doing Business As, if different from #1.

3a. Check appropriate box for federal tax classification.

- Only one box can be checked
 - LLC – Enter the tax classification of LLC

3b. Check box if Partnership, Trust/Estate, LLC-Partnership if you have any foreign partners, owners or beneficiaries.

W-9 Request for Taxpayer ID and Certification

REQUIRED Information for W-9 (continued)

5. Provide Address (for mailing of 1099s).
6. City, State and ZIP Code.

5 Address (number, street, and apt. or suite no.). See instructions.	6 City, state, and ZIP code	7 List account number(s) here (optional)
Requester's name and address (optional)		
Social security number		
or		
Employer identification number		

PART I – Taxpayer Identification Number (TIN)

Provide either:

- Social Security number - for Individual
- Employer identification number – for Business

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

W-9 Request for Taxpayer ID and Certification

REQUIRED Information for W-9 (continued)

PART II – Certification

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign _____

Signature of _____

U.S. person

Date _____

TRANSPORTATION PROJECT PLAT NO: 1130-63-21 - 4.31

THAT PART OF LOT 3 OF CSM 7631, AND PART OF LOT 15 OF THE ASSESSOR'S PLAT OF PRIVATE CLAIM 35, LOCATED IN AND ALSO INCLUDING PART OF PRIVATE CLAIM 35, PART OF LOT 1 OF CSM 1281, AND PART OF LOT 1 OF CSM 2769, LOCATED IN AND ALSO INCLUDING PART OF PRIVATE CLAIM 34, CITY OF KAUKAUNA, PART OF LOT 14 OF 1858 SUBDIVISION OF PRIVATE CLAIM 35, LOCATED IN PRIVATE CLAIM 35, AND PART OF CSM 85, LOCATED IN AND ALSO INCLUDING PART OF PRIVATE CLAIM 34, TOWN OF VANDENBROEK, OUTAGAMIE COUNTY, WISCONSIN.

RELOCATION ORDER IH-41 APPLETION-DE PERE STH 96 - CTH F OUTAGAMIE & BROWN COUNTIES

TO PROPERLY ESTABLISH, LAY OUT, WIDEN, ENLARGE, EXTEND, CONSTRUCT, RECONSTRUCT, IMPROVE, OR MAINTAIN A PORTION OF THE HIGHWAY DESIGNATED ABOVE, THE STATE OF WISCONSIN DEPARTMENT OF TRANSPORTATION DEEMS IT NECESSARY TO RELOCATE OR CHANGE SAID HIGHWAY AND ACQUIRE CERTAIN LANDS AND INTERESTS OR RIGHTS IN LANDS FOR THE ABOVE PROJECT.

TO EFFECT THIS CHANGE, PURSUANT TO AUTHORITY GRANTED UNDER SECTION 84.02 (3), 84.09, AND 84.30, WISCONSIN STATUTES, THE DEPARTMENT OF TRANSPORTATION HEREBY ORDERS THAT:

1. THAT PORTION OF SAID HIGHWAY AS SHOWN ON THIS PLAT IS LAID OUT AND ESTABLISHED TO THE LINES AND WIDTHS AS SO SHOWN FOR THE ABOVE PROJECT.
2. THE LANDS OR INTERESTS OR RIGHTS IN LANDS AS SHOWN ON THIS PLAT ARE REQUIRED BY THE DEPARTMENT FOR THE ABOVE PROJECT AND SHALL BE ACQUIRED IN THE NAME OF THE STATE OF WISCONSIN, PURSUANT TO THE PROVISIONS OF SECTION 84.09 (1) OR (2), WISCONSIN STATUTES.

POSITIONS SHOWN ON THIS PLAT ARE WISCONSIN COORDINATE REFERENCE SYSTEM COORDINATES (WISCRS), OUTAGAMIE COUNTY, NAD83 (2011) IN US SURVEY FEET. VALUES SHOWN ARE GRID COORDINATES, GRID BEARINGS, AND GRID DISTANCES. GRID DISTANCES MAY BE USED AS GROUND DISTANCES.

ALL NEW RIGHT-OF-WAY MONUMENTS WILL BE TYPE 2 (TYPICALLY 1" X 24" IRON PIPES), UNLESS OTHERWISE NOTED, AND WILL BE PLACED PRIOR TO THE COMPLETION OF THE PROJECT.

EXISTING ACCESS CONTROL FOR IH-41 ESTABLISHED FROM PREVIOUS PROJECT T03-2(28), 4650-08-21 - 4.04 AMEND. 3, 4650-08-21 - 4.07 AMEND. 2.

EXISTING ACCESS CONTROL FOR STH 55/DELANGLADE ROAD ESTABLISHED FROM PREVIOUS PROJECT T03-2(28), 4650-08-21 - 4.04 AMEND. 3, 4650-08-21 - 4.07 AMEND. 2.

EXISTING RIGHT-OF-WAY FOR IH-41 ESTABLISHED FROM PREVIOUS PROJECTS T03-2(28), 1130-42-00, 4650-08-21 - 4.04 AMEND. 3, 4650-08-21 - 4.05 AMEND. 1, 4650-08-21 - 4.08 AMEND. 2, 4650-08-21 - 4.10 AMEND. 1, 4650-08-21 - 4.11 AMEND. 1.

EXISTING RIGHT-OF-WAY FOR STH 55/DELANGLADE STREET ESTABLISHED FROM PREVIOUS PROJECTS T03-2(28), 1130-42-00, 4650-08-21 - 4.04 AMEND. 3, 4650-08-21 - 4.05 AMEND. 1, 4650-08-21 - 4.07 AMEND. 2.

FOR THE CURRENT ACCESS/DRIVEWAY INFORMATION, CONTACT THE PLANNING UNIT OF THE WISCONSIN DEPARTMENT OF TRANSPORTATION OFFICE IN GREEN BAY.

US 41 IN OUTAGAMIE/BROWN COUNTIES WAS DESIGNATED AS A FREEWAY UNDER SECTION 84.295 OF WISCONSIN STATUTES BY THE HIGHWAY COMMISSION ON 6/8/1972.

SECTION CORNERS AND EXISTING MONUMENTATION WERE PROVIDED BY THE DEPARTMENT AND JT ENGINEERING, INC. FINAL R/W MONUMENTATION TO BE PROVIDED BY JT ENGINEERING, INC.

SCALE, FEET

CITY

GN

LOT 3 CSM 7631 V 46, P 7631 DOC 2145844

FOUND ALUMINUM COUNTY MONUMENT Y=576624.096 X=859527.429

LOT 2 CSM 7631 V 46, P 7631 DOC 2145844

PC STA 1094+82.84 TO STA 1102+33.08 L = 750.23' LCH = 749.70' LCB = N86°33'59"E R = 5729.52'

STA 1102+33.08 TO PT STA 1115+82.44 L = 1349.36' LCH = 1346.24' LCB = N76°04'06"E R = 5729.52'

STRUCTURE B-44-334

STRUCTURE B-44-335

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1125

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1175

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1200

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