

CITY OF SHEBOYGAN
Sheboygan County, Wisconsin

Re: Resolution No. 205-25-26 — A Resolution Making Written Findings Pursuant to Wisconsin Statutes Section 32.03(6)(bm) Concerning the Proposed Acquisition of Property Interests for the Southside Sanitary Sewer System Project

Adopted: April 20, 2026 **Published:** April 27, 2026

AFFIDAVIT OF MAILING

STATE OF WISCONSIN)
) ss.
SHEBOYGAN COUNTY)

Meredith DeBruin, being first duly sworn on oath, deposes and states as follows:

1. I am the duly appointed and acting City Clerk of the City of Sheboygan, Sheboygan County, Wisconsin, and am over the age of eighteen years. I make this Affidavit in my official capacity and based upon my personal knowledge of the facts stated herein.
2. On April 20, 2026, the Common Council of the City of Sheboygan adopted Resolution No. 205-25-26, entitled *A Resolution Making Written Findings Pursuant to Wisconsin Statutes Section 32.03(6)(bm) Concerning the Proposed Acquisition of Property Interests for the Southside Sanitary Sewer System Project* (the “Resolution”). The Resolution was published on April 27, 2026.
3. Section 5 of the Resolution directs the City Clerk, pursuant to Wis. Stat. § 32.03(6)(bm), to provide a copy of the Resolution, together with all exhibits attached thereto (Exhibit A — Legal Descriptions; Exhibit B — Easement Plats), to (a) the owner or owners of the real property described in the Resolution as Parcel 13, at their last known address or addresses as determined from the records of the Register of Deeds for Sheboygan County and any applicable title evidence in the City’s possession; and (b) the Town of Wilson, Sheboygan County, Wisconsin, by service upon the Town Clerk at the Town’s principal office. The Resolution further provides that service shall be made by personal delivery or by certified mail, return receipt requested, and that the City Clerk shall file proof of service with the records of the Common Council.

4. On the date or dates set forth in the table below, I deposited, or caused to be deposited, with the United States Postal Service at 522 North 9th Street, in the City of Sheboygan, Sheboygan County, Wisconsin, with proper postage prepaid, a separate envelope addressed to each of the persons named below at the mailing address shown opposite each name. Each envelope contained a true and correct copy of the Resolution, together with all exhibits attached thereto. Each envelope was mailed via United States Postal Service certified mail with return receipt requested. The date of mailing and the United States Postal Service certified mail article number for each mailing are set forth below:

No.	Recipient and Mailing Address	Date of Mailing	USPS Certified Mail Article No.
1	Rachel A. Olig 2448 Riverdale Avenue Sheboygan, WI 53081	April 28, 2026	9589 0710 5270 2242 8477 61
2	Mitchell J. Pearce 225 Slater Road Lewisville, NC 27023	April 28, 2026	9589 0710 5270 2242 8477 78
3	Mark A. Pearce 413 Rustic Road Plymouth, WI 53073	April 28, 2026	9589 0710 5270 2242 8477 30
4	Catherine A. Pearce 413 Rustic Road Plymouth, WI 53073	April 28, 2026	9589 0710 5270 2242 8477 54
5	Matthew G. Pearce W130N11832 Harvest Ridge Germantown, WI 53022	April 28, 2026	9589 0710 5270 2242 8477 85
6	Town of Wilson c/o Town Clerk 5935 South Business Drive Sheboygan, WI 53081	April 28, 2026	9589 0710 5270 2242 8477 92

5. True and correct copies of the United States Postal Service certified mail receipts (PS Form 3800) corresponding to each of the mailings identified above are attached hereto and incorporated herein by reference. Any return receipts (PS Form 3811) received in connection with such mailings are also attached hereto and incorporated herein by reference.

6. This Affidavit of Mailing, together with all attachments, is being filed with the records of the Common Council of the City of Sheboygan as proof of service in accordance with Section 5 of the Resolution.
7. Further your affiant sayeth not.

Meredith DeBruin

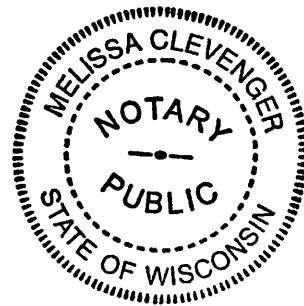
Meredith DeBruin, City Clerk
City of Sheboygan

Subscribed and sworn to before me this 1st day of June, 2020.

Melissa Clevenger

Notary Public, State of Wisconsin

My commission expires: 8/1/2029



9589 0710 5270 2242 8477 92

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
Town Clerk Town of Wilson
Street and Apt. No., or PO Box No.
5935 S. Business Drive
City, State, ZIP+4®
Sheboygan, WI 53081

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2242 8477 85

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
Matthew G. Pearce
Street and Apt. No., or PO Box No.
W130 N11832 Harvest Ridge
City, State, ZIP+4®
Germantown, WI 53022

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2242 8477 61

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
Rachel A. Olig
Street and Apt. No., or PO Box No.
2448 Riverdale Avenue
City, State, ZIP+4®
Sheboygan, WI 53081

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2242 8477 78

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
Mitchell J. Pearce
Street and Apt. No., or PO Box No.
225 Slater Road
City, State, ZIP+4®
Lewisville, NC 27023

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2242 8477 30

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
Mark A. Pearce
Street and Apt. No., or PO Box No.
413 Rustic Road
City, State, ZIP+4®
Plymouth, WI 53073

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

9589 0710 5270 2242 8477 54

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To
Catherine A. Pearce
Street and Apt. No., or PO Box No.
413 Rustic Road
City, State, ZIP+4®
Plymouth, WI 53073

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

USPS TRACKING#
MI WAUKEE WI 530



30 APR 2026 PM 5 L

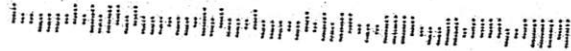
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 9048 4122 8810 81

United States
Postal Service

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

Office of the City Clerk
828 Center Avenue
Sheboygan, WI. 53081



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:

Town Clerk
Town of Wilson
5935 S. Business Drive
Sheboygan, WI. 53081



9590 9402 9048 4122 8810 81

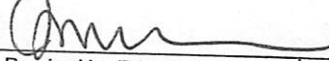
2. Article Number (Transfer from service label)

9589 0710 5270 2242 8477 92

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/29/20

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 Restrict Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#

MILWAUKEE WI 530
MAY 2026 PM 5 L

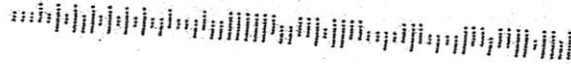
9590 9402 9048 4122 8810 29

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

United States
Postal Service

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

Office of the City Clerk
828 Center Avenue
Sheboygan, WI. 53081



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:

Matthew G. Pearce
W130 N11832 Harvest Ridge
Germantown, WI. 53022



9590 9402 9048 4122 8810 29

2 Article Number (Transfer from service label)

9589 0710 5270 2242 8477 85

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mat Pearce* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAT PEARCE 5-1-2

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



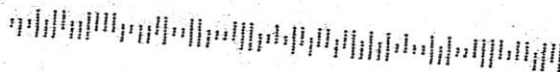
9590 9402 9048 4122 8810 50

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

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

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Sheboygan, WI. 53081



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:

Catherine A. Pearce
413 Rustic Road
Plymouth, WI. 53073



9590 9402 9048 4122 8810 50

2. Article Number (Transfer from service label)

1589 0710 5270 2242 8477 54

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mark A Pearce

- Agent
- Addressee

B. Received by (Printed Name)

MARK A PEARCE

C. Date of Delivery

5-9-26

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

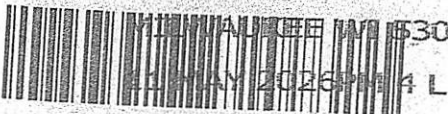
3. Service Type

- 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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



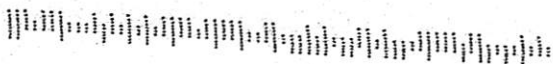
9590 9402 9048 4122 8810 67

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

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

Office of the City Clerk
828 Center Avenue
Sheboygan, WI. 53081



SENDER: COMPLETE THIS SECTION

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- 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:

Mark A. Pearce
413 Rustic Road
Plymouth, WI. 53073



9590 9402 9048 4122 8810 67

2. Article Number (Transfer from service label)

9589 0710 5270 2242 8477 30

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Mark A Pearce*

- Agent
- Addressee

B. Received by (Printed Name)

MARK A PEARCE

C. Date of Delivery

5-9-26

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



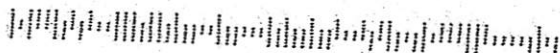
9590 9402 9048 4122 8810 43

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

United States
Postal Service

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

Office of the City Clerk
828 Center Avenue
Sheboygan, WI. 53081



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:

Rachel A. Olig
2448 Riverdale Avenue
Sheboygan, WI. 53081



9590 9402 9048 4122 8810 43

2. Article Number (Transfer from service label)

9589 0710 5270 2242 8477 61

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Rachel Olig Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt