

STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION

Tony Evers, Governor Kathy Blumenfeld, Secretary Richard Rydecki, Administrator

September 12, 2025 SENT VIA EMAIL

Antigo Daily Journal Judith Kline 612 Superior Street Antigo, WI 54409-

RE: Certification of Legal Notice Rates for January - December 2026

This is a request for information to certify your newspaper for publishing legal notices per Chapters 10 and 985, Wis. Stats. Follow the steps below:

- 1. **Review your current 2025 Certification Letter
- 2. **Complete the attached Application form, DOA-3417 (pre-populated with information from the database)
- 3. **Submit a Statement of Ownership (PS-3526) from your USPS office or alternative method listed on DOA-3417.
- 4. **Send in a full-page tear sheet from your legal/public notice section of your newspaper

**Due to working out of my home, please send all items electronically to my email address (william2.goff@wisconsin.gov).

All of the instructions are on the attached DOA form. Form DOA-3417 is also available as a fillable electronic form on our VendorNet website: Newspaper Rates for Publication of Legal Notices at https://doa.wi.gov/Forms/DOA-3417ApplicationtoCertifyNewspaperLegalNoticeRates.docx.

To be certified for 2026 you must return items 2 – 4 listed above. Please return by October 31, 2025 by email (william2.goff@wisconsin.gov). FAXED paperwork will not be accepted.

Failure to return the three items listed above (2-4) will deny your newspaper the legal right to collect a fee for publishing legal notices.

This application process is performed annually for certifying newspapers to publish legal notices and updating information throughout the year concerning font sizes, column widths, address or name changes and closures. State agencies, universities and municipalities shall not be held to any rate changes until your newspaper is certified by the Department of Administration.

If you have, any questions in regard to this program please contact me, Bill Goff at <u>william2.goff@wisconsin.gov</u> and I will be happy to assist you.

Thank you for your time and assistance with this process. I look forward to your certification paperwork.

Sincerely,

Bill Goff
Procurement Specialist
Newspaper Certification Program
State Bureau of Procurement
Division of Enterprise Operations
Department of Administration
101 E Wilson St, 6th Floor
Madison, WI 53703-3405

Enclosure(s)
Form DOA-3417

STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF ENTERPRISE OPERATIONS DOA-3417 (R10/2024) AUTHORITY: S. 985, WIS. STATUTES.



STATE BUREAU OF PROCUREMENT 101 EAST WILSON STREET, 6TH FLOOR POST OFFICE BOX 7867 MADISON, WI 53707-7867 VOICE (608) 264-7658

http://vendornet.state.wi.us/vendornet/paprates/5a.asp

Application to Certify Newspaper Legal Notice Rates

Instructions: State of Wisconsin newspapers must apply to receive any compensation or fee for publishing legal notices by completing this form. **To renew your certification or apply for the first time, please complete all five (5) sections of this form**.

After renewal, if you need to update your information, only fill in the spaces on this form that apply to the change(s) and submit ten days prior to the effective date of the change so that new rates issued by the Department of Administration can be sent to the newspaper.

Return al	l of the r	equired	docum	ents to the	address a	bove by L	JS mail.										
Renew								Effective Date of Change January 1, 2026									
1. Newspaper Name:									Contact Person for placing legal notices								
Antigo Daily Journal									Judith Kline								
Street Address				ОВох			*	**County									
612 Superior Street								Langlade									
City			S	State				Zip+4									
Antigo				WI				54409-									
Telephone Number				Fax Number				Contact Email Address									
(715) 750-2109								classified@eagleherald.com									
**Place of Publication, as defined in Wis Stat. § 985.01(5) Antigo, WI				in Wis.		Will you a	Vill you accept emailed legal NO NO										
		ered b	ov Ne	wspape	r												
**Areas covered by Newspaper (list all cities, towns, and villages which your newspaper provides circulation)																	
Published on:		Monday X		Tu	Tuesday		Wednesday X		Thursday		Friday X		rday	Sunday			
Total Circulation		Circula	Circulation		EB Address vw.antigojournal.com				,						37-1751246		
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ONLY if you are changing or adding fon a through z in <u>lowercase</u> , repeated in one of e.g.; abcdefghijklmnopqrstuvwxyzabcdefgh	continuous line. The sample mus	st NOT contain kern	consists of three (3) alphabet lengths ing, ligatures, and must be flush left (ragged right)							
One sample of each point size and style 2. Parent Company Information	(bold or italic) must be subm	itted with name an	d size of font on a separate sheet.							
Parent Company Name	on. (ii dillerent than #1 above	-	Parent Company Contact Person							
APG Media of Wisconsin, LLC		Jul	Julie Albright							
Street Address	PO Box	Tax	Tax ID Number							
122 W 3rd Street	410	37-	37-1751246							
City	State	Zip	Zip + 4							
Ashland	WI	548	54806-0410							
Telephone Number	Fax Number	Em	Email for Parent Company							
(715) 682-9800	(715) 682-4699	jal	jalbright@mx3.com							
Have you submitted the completed DOA-64	448 Taxpayer Identification Num	ber Verification forr	orm?							
☐ YES ☐ NO										
requirements of Statute 985.03. United States Postal Service S (All Periodicals Publications ex Audit Bureau of Circulation: www.	United States Postal Service Statement of Ownership, Management and Circulation (PREFERED) (All Periodicals Publications except Requester Publications) PS Form 3526 Audit Bureau of Circulation: www.accessabc.com Uverified Audit Circulation: http://www.verifiedaudit.com/									
	Circulation Verification Council: http://www.cvcaudit.com/ Other:									
	Required Sample Please scan as much of a full page as possible of your newspaper that displays your legal notice or classifieds section.									
have provided in this application is	Certification By signing below, I certify that the newspaper named above meets the criteria in Wis. Stat. § 985.03(1) and that the information I have provided in this application is true and complete to the best of my knowledge. I understand that any false, misleading, or missing information may disqualify me from consideration.									
Print Name	Print Title		Telephone Number							
Signature			Date (mm/dd/ccyy)							