

STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION

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

September 12, 2025 SENT VIA EMAIL

Beaver Dam Daily Citizen Nicole Muscari 1901 Fish Hatchery Rd PO Box 8056 Madison, WI 53713-1248

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 william2.goff@wisconsin.gov 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 a	ll of the r	equire	d docun	nents to the a	address ab	ove by L	JS mail.									
Renew	Ne	w	С	hange to cur	rent inform	nation		Effective	Date of C	Change		Janua	ry 1, 202	26		
1. Newspaper Name:									Contact Person for placing legal notices							
Beaver Dam Daily Citizen									Nicole Muscari							
Street A	ddress		F	PO Box			*	*County								
1901 Fish Hatchery Rd PO Box 8056							I	Dane								
City State							Zip+4									
Madison WI					5	53713-1248										
				Fax Number	lumber			Contact Email Address								
(608) 282-6200 (608) 252-35				(608) 252-35	50	dc-legals@madison.com										
**Place of Publication, as defined in Wis							Will you a	ou accept emailed legal YES NO								
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				ett, Cambri						Lake. F	riesland.	Horicon	. Hustist	ford. Iron	Ridge.	
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ONLY if you are changing or adding fonts a through z in <u>lowercase</u> , repeated in one co e.g.; abcdefghijklmnopqrstuvwxyzabcdefghijl One sample of each point size and style (ntinuous line. The sample must NOT contain klmnopqrstuvwxyzabcdefghijklmnopqrstuvwx	n kerning, ligatures, and must be flush left (ragged right) kyz							
2. Parent Company Information		and ones or roll our a sopurate officer.							
Parent Company Name		Parent Company Contact Person							
Lee Enterprises / River Valley Media Gro	oup	Paul Pehler							
Street Address F	PO Box	Tax ID Number							
1407 St Andrew St, A100		2-0823980							
City	State	Zip + 4							
La Crosse	WI	54603-							
Telephone Number F	ax Number	Email for Parent Company							
(608) 791-8237		paul.pehler@lee.net							
Have you submitted the completed DOA-644	18 Taxpayer Identification Number Verificatio	on form?							
□ YES □ NO	**Please verify TAX ID # for both Newspap	er Company and Parent Company**							
requirements of Statute 985.03. United States Postal Service States (All Periodicals Publications excelled Audit Bureau of Circulation: www.	ulation numbers on or before the 15th of October of each year. This will certify that your publication meets the tirements of Statute 985.03. 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.veraudit.com/ Other:								
4. Required Sample Please scan as much of a full pasection.	age as possible of your newspaper that o								
have provided in this application is tr	5. 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)							