



City

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here
10/2

Sent to _____
 Street, Apt. No.,
 or PO Box No. *20154*
 City, State, ZIP+4 _____

PS Form 3800, August 2006

See Reverse for Instructions

7013 0600 0000 3812 7790

CERTIFIED MAIL™



7013 0600 0000 3812 7790

Ann Bertha Rainers-Dog
2507 N. 33rd St
Kilbuck Ave WI 53210