

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:

Mr. Todd Rickun
901 W Winnebago Ave., #LL02
Milwaukee WI 53205



9590 9402 7749 2152 0936 25

2. Article Number (Transfer from service label)

020 0090 0000 0135 9905

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

T. Rickun

- Agent
- Addressee

B. Received by (Printed Name)

Rickun

C. Date of Delivery

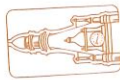
5/29/24

- 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



**City
of
Milwaukee**

Office of the City Clerk
City Hall, Room 205
200 East Wells Street
Milwaukee, WI 53202

INSTRUCTIONS AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7020 0090 0000 0135 9875

US POSTAGE  **MILITNEY BOWES**
ZIP 53202 \$ **008.69⁰**
02 4W
0000378550 MAY 21 2024



Handwritten signature

Mr. Marcus Ransom
3516 W Highland BLVD
Milwaukee

Handwritten signature

530 DE 1 0005 / 30 / 24

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

*2386-00042-22-00

BC: 53202357099

NSN

