

OFFICE OF THE CITY CLERK
 1000 CITY HALL
 E. WELLS STREET
 MILWAUKEE, WISCONSIN 53202

231425

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:
*Properties LLC
 Tom Carr/R Southernland
 3046 W Wisconsin Ave
 Milwaukee WI 53208*



9590 9402 7811 2152 2363 25

2. 7021 2720 0000 2293 4249

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 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
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Restricted Delivery

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

Domestic Return Receipt

7021 2720 0000 2293 4249

Properties, LLC
 C/O Tom Carr/R. Southernland
 3046 W. Wisconsin Ave.
 Milwaukee, WI 53208

7021 2720 0000 2293 4249

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. *Carr/R Southernland*

City, State, ZIP+4® *231425*

Postmark Here *217*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

OFFICE OF THE CITY CLERK
 LOCAL GOV OFF BLDG
 200 E WELLS STREET
 MILWAUKEE, WISCONSIN 53202

231025

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:
 Properties LLC
 6130 W Tropicana
 #199
 Las Vegas, NV 89103



9590 9402 7811 2152 2363 32

2. Article Number (Transfer from service label)
 7021 2720 0000 2293 4256

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

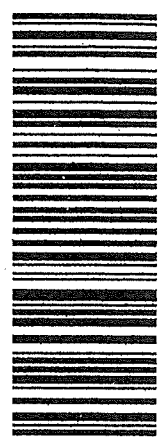
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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
 - Mail Restricted Delivery (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

7021 2720 0000 2293 4256



Properties LLC
 6130 W. Tropicana, #199
 Las Vegas, NV 89103

7021 2720 0000 2293 4256

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here 217

231025-Properties
 Impire

OFFICE OF THE CITY CLERK
 ROOM 200 CITY HALL
 200 E. WISCONSIN STREET
 MILWAUKEE, WISCONSIN 53202

231625

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Savannah Holdings 3111 W Wisconsin Milwaukee WI 53208</p>		<p>B. Received by (Printed Name)</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7021 2720 0000 2293 4263</p>		<p>C. Date of Delivery</p>	
<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail 		<ul style="list-style-type: none"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
<p>Barcode</p> <p>9590 9402 7811 2152 2363 49</p>		<p>Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

CERTIFIED MAIL

7021 2720 0000 2293 4263



7021 2720 0000 2293 4263

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box No. Savannah - 231625

City, State, ZIP+4® _____

Postmark Here 2/7

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Savannah Holdings, LLC
 3111 W. Wisconsin Ave.
 Milwaukee, WI 53208

OFFICE OF THE CITY CLERK
 ROOM 208 CITY HALL
 200 E. WELLS STREET
 MILWAUKEE, WISCONSIN 53202

231625

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:

3127 W Wisconsin Ave
 3127 W Wisconsin
 Milw WI 53208



9590 9402 7811 2152 2363 56

2. Article Number (Transfer from service label)

7021 2720 0000 2293 4270

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- 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

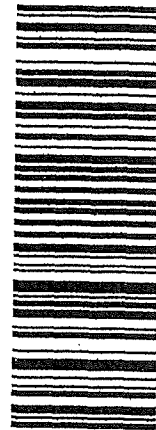
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

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

Domestic Return Receipt

7021 2720 0000 2293 4270



3127 W. Wisconsin Ave., LLC
 3127 W. Wisconsin Ave.
 Milwaukee, WI 53208

7021 2720 0000 2293 4270

**U.S. Postal Service™
 CERTIFIED MAIL® RECEIPT**
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent to _____

Street and Apt. No., or PO Box No. _____

City, State, ZIP+4® _____

Postmark Here 2/7

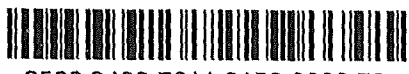
PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

U.S. POSTAL SERVICE
 1000 GUY BOWL
 E WELLS STREET
 MILWAUKEE, WI 53202

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:
 Mark Roeker
 Quid Roe, LLC
 3121 W Wisconsin Ave #3
 Milwaukee, WI 53208



9590 9402 7811 2152 2363 70

2. Article Number (Transfer from service label)
 7021 2720 0000 2293 4294

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 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
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Mail Restricted Delivery | |

7021 2720 0000 2293 4294

Mark Roeker
 Quid Roe, LLC
 3121 W. Wisconsin Ave. #3
 Milwaukee, WI 53208

7021 2720 0000 2293 4294

**U.S. Postal Service™
 CERTIFIED MAIL® RECEIPT**
 Domestic Mail Only

OFFICIAL USE

For delivery information, visit our website at www.usps.com®

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	\$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark
 Here
 RTX

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions