

0564 495T 2000 0560 1202

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**CERTIFIED MAIL® RECEIPT**  
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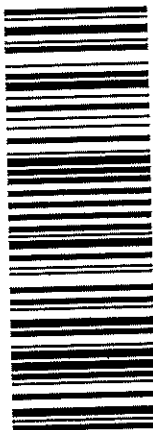
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**OFFICIAL USE**

|                                                                 |                               |
|-----------------------------------------------------------------|-------------------------------|
| Certified Mail Fee<br>\$                                        | Postmark<br>Here<br><br>12/17 |
| 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<br>\$                                                   |                               |
| Total Postage and Fees<br>\$                                    |                               |
| Sent To<br>251527 (David Hecht)                                 |                               |
| 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

7021 0950 0002 1564 4950



CERTIFIED MAIL®

DAVID G HECHT TOD  
KAREN R HECHT TOD  
2546 N SUMMIT AV  
MILWAUKEE, WI 532110000

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| <input type="checkbox"/> Adult Signature Required \$            |                               |
| <input type="checkbox"/> Adult Signature Restricted Delivery \$ |                               |
| Postage<br>\$                                                   |                               |
| Total Postage and Fees<br>\$                                    |                               |
| Sent To<br>251527 (Keith Barnes)                                |                               |
| 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

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CERTIFIED MAIL®

Keith Barnes  
400 E Wisconsin Ave, Ste 205  
Milwaukee WI 53202