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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	\$

Postmark  
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Postage \$  
Total Postage \$  
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Street and  
City, State

Roy Rockette  
6624 W Fiebrantz Avenue  
Milwaukee WI 53216

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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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7020 0090 0000 0135 9615

Postage \$  
Total Postage \$  
Sent To \$  
Street and  
City, State

Tonya Tisdale  
4109 N 67<sup>th</sup> Street  
Milwaukee WI 53216

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

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
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7020 0090 0000 0135 9639

Postage \$  
Total Postage \$  
Sent To \$  
Street and  
City, State

Alternative Claims Management on  
Behalf of BELL AMBULANCE  
16404 Sand Pedro Avenue  
San Antonio TX 78232

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

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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	\$

Postmark  
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Postage \$  
Total Postage \$  
Sent To \$  
Street and  
City, State

Annette M. Williams  
MEEMIC Insurance Company  
1685 North Odopodke Road  
Auburn Hills MI 48326

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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	\$

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7021 2720 0000 2293 3945

Postage \$  
Total Postage \$  
Sent To \$  
Street and  
City, State

Timothy Stotts  
6625 W Fiebrantz Avenue  
Milwaukee WI 53216

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<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	\$

Postmark  
Here

7020 0090 0000 0135 9622

Postage \$  
Total Postage \$  
Sent To \$  
Street and  
City, State

Trina Dennis  
PO BOX 250605  
Milwaukee WI 53225

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<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	\$

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Postage	\$
Total Postage	\$
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Street and Apt.	
City, State, ZIP	

Travon Smith  
4910 N 85<sup>th</sup> Street  
Milwaukee WI 53225

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<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	\$

Postmark  
Here

Postage	\$
Total Postage	\$
Sent To	
Street and Apt.	
City, State, ZIP	

J.RichardLaw Office, LLC  
710 N Plankinton Ave; Suite 800  
Milwaukee WI 53203  
For Caitlin Hagness

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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage	\$
Sent To	
Street and Apt.	
City, State, ZIP	

John L Sr & Sherka Harris  
National Subrogation Services  
100 Crossway Park West, Suite 415  
Woodbury NY 11797

0996 5670 0000 0135 9660

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
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Postage	\$
Total Postage	\$
Sent To	
Street and Apt.	
City, State, ZIP	

Church Mutual Insurance  
Attn: Corey Ring Claim #1478172  
PO BOX 342  
Merrill WI 544452