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CERTIFIED MAIL® RECEIPT**  
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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 Korb 191534

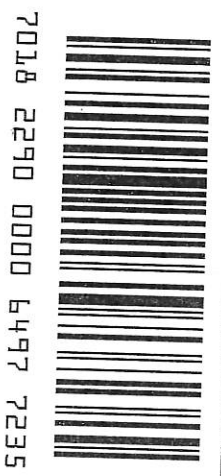
Street and Apt. No., or PO Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

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

MILWAUKEE

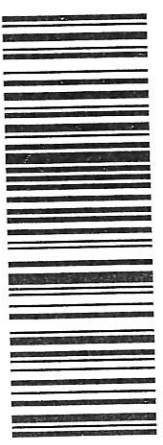
Postmark  
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11/10



7018 2290 0000 6497 7235

*Task Korb  
448 W. Plankinton Ave.  
Milwaukee, WI 53203*

**UNITED STATES MAIL**



7018 2290 0000 6497 7228

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Sent To Bekhnaw - 191534

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

City, State, ZIP+4® \_\_\_\_\_

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*Tim Bekhnaw  
At Terrace LLC  
18410 W. Farwell Ave  
Milwaukee, WI 53202*