

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

For delivery information, visit our website at [www.usps.com](http://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 \$

Postmark Here  
*Milwaukee*

Sent to *Wa Ho - 180401*  
 Street and Apt. No., or PO Box No.  
 City, State, ZIP+4®

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions



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

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7017 1450 0000 7569 6211

7017 1450 0000 7569 6211

*180401*

MIKHAIL GUTERMAN  
 3057 E NEWPORT CT  
 MILWAUKEE WI 53211

NIXIE 330 FE 1270 0006/21/18  
 RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD  
 EWD 53202357099 \*2526-05252-19-32  
 53202357099

*180401*

*180401*

**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:

*Christopher Emilee Walker  
 3316 N Lake Dr  
 Milwaukee WI 53211*



9590 9402 2799 7069 1573 47

2. Article Number (Transfer from service label)  
 7017 1450 0000 7569 6211

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Address
- B. Received by (Printed Name) *STANISLAW JANKOWSKI* C. Date of Delivery *7/17/18*
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

Postmark Here

3. Service Type  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail™  Return Receipt for Merchandise  
 Collect on Delivery  Return Receipt for Signature Confirmation™  
 Restricted Delivery  Signature Confirmation Restricted Delivery

**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:

*Christopher & Emilee Walker  
 3316 N Lake Dr  
 Milwaukee WI 53211*



9590 9402 3170 7166 3114 28

2. Article Number (Transfer from service label)  
 7017 1450 0000 7569 6044

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Address
- B. Received by (Printed Name) *STANISLAW JANKOWSKI* C. Date of Delivery *6/16/18*
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

Postmark Here

3. Service Type  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail™  Return Receipt for Merchandise  
 Collect on Delivery  Return Receipt for Signature Confirmation™  
 Restricted Delivery  Signature Confirmation Restricted Delivery

Domestic Return Receipt