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CERTIFIED MAIL™ RECEIPT**
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
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1/9

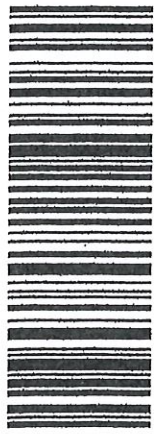
Sent To _____
 Street, Apt. No.,
 or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse for Instructions

MILWAUKEE

7012 3460 0000 0488 0762

CERTIFIED MAIL™



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*James Thayer Hedge
 Substation Harvard Ave
 2709 E Bellevue Pl.
 Milwaukee WI 53211*