

City
U.S. Postal Service™
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Domestic Mail Only

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Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
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 - Return Receipt (electronic) \$ _____
 - Certified Mail Restricted Delivery \$ _____
 - Adult Signature Required \$ _____
 - Adult Signature Restricted Delivery \$ _____

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Total Postage and Fees \$ _____

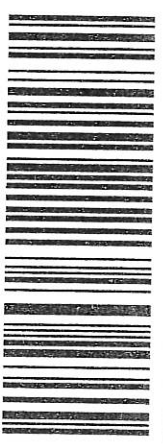
Postmark
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4/13

7017 1450 0000 7569 6242

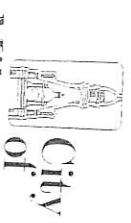
Sent to _____
 Street and Apt. No., or PO Box No. _____
 City, State, Zip+4® _____

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



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Devon S. Fills
 2745 N ML King, Jr. Drive, #LL1
 Milwaukee, WI 53212



City
of
Milwaukee
 Office of the City Clerk

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Risate Center of America, Inc.
 803 W. Oklahoma Ave.
 Milwaukee, WI 53215