SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	ELIVERY
■ Complete items 1, 2, and 3.	A. Signature	☐ Agent
Print your name and address on the reverse	X Yan Jan	☐ Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Deliver
or on the front if space permits.	E SEVAR	7-3-25
1. Article Addressed to:	D. Is delivery address different from If YES, enter delivery address be	Item 1? Ses
	If 1ES, effici delivery address be	ыом. Ц 140
EDWARD T SEAVER IV		
2522 S SUPERIOR ST		
MILWAUKEE, WI 5320/0000		
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DER BEREICH TRON I BROUNL I BE \$4 N t (1 \$ 1 18 1 1 1 1 9 \$ 1 4 0 1 1 1 8 1 1		☐ Priority Mail Express®☐ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Certified Mail®	☐ Registered Mall Restrict Delivery
9590 9402 6805 1074 6933 55	☐ Certified Mail Restricted Delivery	☐ Signature Confirmation☐ Signature Confirmation
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery	Restricted Delivery
7021 2720 0000 2293 188	I □ Insured Mall □ Д all Restricted Delivery	
PS Form 3811 , July 2020 PSN 7530-02-000-9053	Lane and the same	omestic Return Recei
F3 F0111 GO 1 1, duly 2020 F311 7300-02-000-9000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ZZULY	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	ECIVERY
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Print your name and address on the reverse	X / Elle Ma	☐ Agent ☐ Address
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delive
or on the front if space permits.	1) - McMaran	7-3-25
1. Article Addressed to:	D Is delivery address different from	
	If YES, enter delivery address b	elow: 📓 No
EMILY L JOACHIM		
DILLON J MCCANNON		
2530 S SUPERIOR ST		
MILWAUKEE, WI 532070000		
Ot 解 阿拉克斯 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Service Type ☐ Adult Signature	☐ Priority Mail Express® ☐ Registered Mail™
		Registered Mail Restrict Delivery
9590 9402 6805 1074 6933 79	☐ Certified Mall Restricted Delivery	Signature Confirmation
2: Adda Number (Transfer from carries Ishal)	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
7070 0000	927 Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053	h	omestic Return Receip
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON E	DELIVERY
■ Complete items 1, 2, and 3.	A. Signature	
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or on the front if space permits.	T- Bahlen	7-3-25
1. Article Addressed to:	D. Is delivery address different from	Item 12 Yes
	If YES, enter delivery address b	elow: 🖾 No
JOEL BOHLEN		
KAREN BOHLEN		
2506 S SUPERIOR ST		
MILWAUKEE, WI 532070000		
	Service Type	☐ Priority Mall Express®
	☐ Adult Signature	☐ Registered Mail™
	☑ Certified Mail®	Registered Mail Restric
9590 9402 6805 1074 6933 31	☐ Collect on Delivery	☐ Signature Confirmation ☐ Signature Confirmation
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	I. I. Il Restricted Delivery	

	COUNTY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X ☐ Agent
so that we can return the card to you.	B Received by Finted Name) C. Date of Delive
Attach this card to the back of the mallpiece, or on the front if space permits.	I from 7-3-25
1. And Additional to	delivery address different from item 1? Yes
, 1	YES, enter delivery address below: No
2512 SUPERIOR LLC	
2512 S SUPERIOR ST	
MILWAUKEE, WI 532070000	
1	
	3. Service Type ☐ Priority Mall Express® ☐ Adult Signature ☐ Registered Mall™
	☐ Adult Signature Restricted Delivery ☐ Registered Mall Restriced Certified Mail® ☐ Delivery
9590 9402 6805 1074 6933 48	☐ Certified Mali Restricted Delivery ☐ Signature Confirmation ☐ Collect on Delivery ☐ Signature Confirmation
2. Alticle Nulliber Transfer from Services with the	☐ Collect on Delivery Restricted Delivery Restricted Delivery
. 7021 2720 0000 2293 183	ii Nestricted Delivery
PS Form 3811 , July 2020 PSN 7530-02-000-9053	ر (over عامل) Domestic Return Recei
A service	250490
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Address
Attach this card to the back of the mallpiece,	B. Received by (Printed Name) C. Date of Delive
or on the front if space permits.	D- Kenbold 7-3-25
1 Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
15011801518	ii 123, enter delivery address below: KI NO
LEAH M LEJA	
2508 S SUPERIOR ST	
MILWAUKEE, WI 532070000	
818 918 1918 1911 1911 1911 1911 1911 1	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Registered Mall®
9590 9402 6805 1074 6932 87	☐ Certifled Mail Restricted Delivery ☐ Signature Confirmation
	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery
7021 2720 0000 2293 1798	Mail Mail Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Downsti Dalum Daniel
FOT OITH OUT 1, duly 2020 FON 7550-02-000-9055	Domestic Return Receip
	Z504t4
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse	X Agent Addres
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deliv
Attach this card to the back of the mailpiece, or on the front if space permits.	7-3-25
1 · · · · · · · · · · · · · · · · · · ·	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below:
JOHN H PIETTE	
2518 S SUPERIOR CT	
MILWAUKEE, WI 532070000	
	Service Type
	☐ Adult Signature ☐ Registered Mail™
	El Certified Mail® Delivery
9590 9402 6805 1074 6933 24	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation ☐ Collect on Delivery ☐ Signature Confirmation
2. Article Number Transfer from 1000 2293 180	Delivery Restricted Delivery Restricted Delivery
7021 2720 0000 2293 180	ा श्री न कार्याच्या संश्री Restricted Delivery