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Certified Mail Fee

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Return Receipt (hardcopy) \$ \_\_\_\_\_

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Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

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

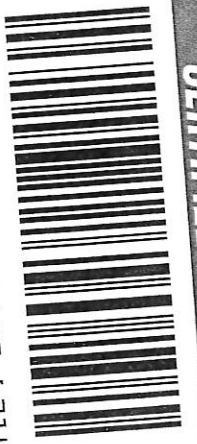
City, State, ZIP+4®

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

MILWAUKEE

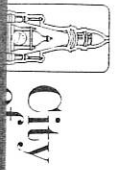
Postmark  
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Baumgard - 1901822



7018 2290 0000 6497 6214

Kevin Baumgard  
2013 W. Booth St.  
Milwaukee WI 53212



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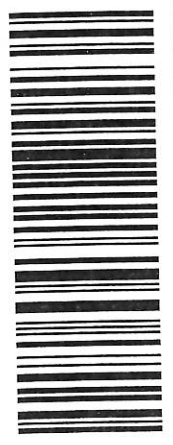
Total Postage and Fees \$ \_\_\_\_\_

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