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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 \$ _____

Postmark
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Postage \$ _____
Total Postage \$ _____
Sent To Bobby Thompson
4068 N 67th Street
Milwaukee WI 53216
File #230903
Street and
City, State

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

7020 0090 0000 0135 9745

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Postage \$ _____
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Sent To Jameka Pitts
4645 N 68th Street
Milwaukee WI 53218
File #221404
Street and
City, State

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

7020 0090 0000 0135 9752

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Postage \$ _____
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Sent To Patrick J & Stephanie J Russell
W7644 Sherida RD
Whitewater WI 53190
File #220803
Street and
City, State

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

7020 0090 0000 0135 9769

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