

ROOM 205 CITY HALL
100 E. WELLS STREET
AUXEL, WISCONSIN 53202

191144 - Special

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*Beach House, LLC
99 Wall Street #1809
New York, NY 10005*



9590 9402 4964 9063 4843 95

2. Article Number (Transfer from service label)
7018 2290 0000 6497 6597

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7018 2290 0000 6497 6597

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

OFFICIAL USE

For delivery information, visit our website at www.usps.com

Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)	\$	
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Sent to *Beach-191144*

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

City, State, ZIP+4® _____

Postmark Here *10/21*

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

*Beach House, LLC
99 Wall Street #1809
New York NY 10005*

597

205 CITY HALL
WELLS STREET
E. WISCONSIN 53202



7500 0000 6497 6603

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

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
Here
10/10/11

Total Postage and Fees \$ _____

Sent To

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2011 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6497 6603

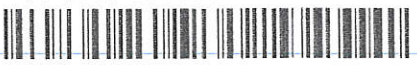
SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Just A Buck LLC
1315 NW 11E Ave # 332
Portland OR 97209

9590 9402 4964 9063 4843 64



7018 2290 0000 6497 6603

Transfer from service label

COMPLETE THIS SECTION ON DELIVERY

A. Signature X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

- 3. Service Type
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Restricted Delivery

91144-5 Special

Just A Buck LLC
1315 NW 11E Ave # 332
Portland OR 97209