



City
of

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here
10/13

7012 1640 0002 5150 0987

Sent To _____
 Street, Apt. No.,
 or PO Box No. Watts - 191351
 City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™



7012 1640 0002 5150 0987

Martha Watts
4800 W. Burleigh St.
Milwaukee, WI 53210