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Certified Mail Fee	\$
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<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	\$

Postmark Here

Postage \$

Total Postage \$

Sent To \$

Street and City, State

Roy Rockette
6624 W Fiebrantz Avenue
Milwaukee WI 53216

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<input type="checkbox"/> Adult Signature Required	\$
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7020 0090 0000 0135 9615

Postage \$

Total Postage \$

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Street and City, State

Tonya Tisdale
4109 N 67th Street
Milwaukee WI 53216

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

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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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Street and City, State

Alternative Claims Management on
Behalf of BELL AMBULANCE
16404 Sand Pedro Avenue
San Antonio TX 78232

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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	\$

Postmark Here

Postage \$

Total Postage \$

Sent To \$

Street and City, State

Annette M. Williams
MEEMIC Insurance Company
1685 North Odopodke Road
Auburn Hills MI 48326

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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	\$

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7021 2720 0000 2293 3945

Postage \$

Total Postage \$

Sent To \$

Street and City, State

Timothy Stotts
6625 W Fiebrantz Avenue
Milwaukee WI 53216

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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	\$

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7020 0090 0000 0135 9622

Postage \$

Total Postage \$

Sent To \$

Street and City, State

Trina Dennis
PO BOX 250605
Milwaukee WI 53225

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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	\$

Postmark
Here

Postage	\$
Total Postage	\$
Sent To	Travon Smith
Street and Apt.	4910 N 85 th Street
City, State, ZIP	Milwaukee WI 53225

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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	\$

Postmark
Here

Postage	\$
Total Postage	\$
Sent To	J.RichardLaw Office, LLC
Street and Apt.	710 N Plankinton Ave; Suite 800
City, State, ZIP	Milwaukee WI 53203
	For Caitlin Hagness

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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	\$

Postmark
Here

Postage	\$
Total Postage	\$
Sent To	John L Sr & Sherka Harris
Street and Apt.	National Subrogation Services
City, State, ZIP	100 Crossway Park West, Suite 415
	Woodbury NY 11797

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0996 5670 0000 0135 9660

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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	\$

Postmark
Here

Postage	\$
Total Postage	\$
Sent To	Church Mutual Insurance
Street and Apt.	Attn: Corey Ring Claim #1478172
City, State, ZIP	PO BOX 342
	Merrill WI 544452

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