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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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Sent To

Mr. Todd Rickun

901 W Winnebago Ave., #LL02

Street and

Milwaukee WI 53205

City, State, ZIP

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

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Sent To

Ms. Kristen Navarro American Family Insurance
on behalf of Olivera & Milivoje Andric

Street and

6000 American Parkway

City, State, ZIP

Madison WI 53783

PS Form 3800, April 2015 PSN 7530-02-000-9047

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Sent To

Mr. Marcus Ransom

3516 W highland Ave

Street and

Milwaukee WI 53208

City, State, ZIP

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<input type="checkbox"/> Adult Signature Required	\$
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Sent To

Ms. Obiyemi Akua Oladunjoye Ogboni
Sabir's Karate and Fitness

Street and

4813-17 W Center Street

City, State, ZIP

Milwaukee WI 53210

PS Form 3800, April 2015 PSN 7530-02-000-9047

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