

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

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OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

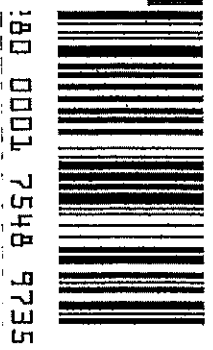
Postmark
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Sent to Wanda - 21135

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

City, State, ZIP+4® _____

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



80 0001 7548 9735

Michael Warrick
418 N. 3rd St #180
Milwaukee WI 53203

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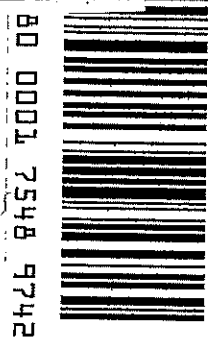
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Mark Harris
Espr Home
530 Hartland Dr.
Hartland, WI 53029