

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)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

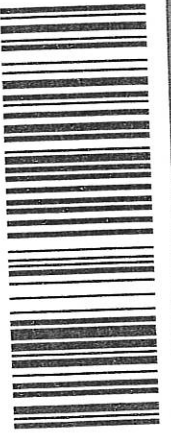
Postmark  
 Here  
 10/12

Sent To \_\_\_\_\_

Street and Apt. No., or PO Box No. 2615-180807

City, State, ZIP+4® \_\_\_\_\_

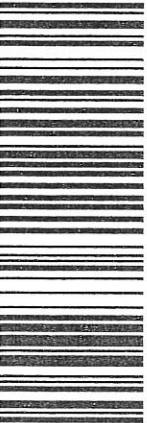
PS Form 3800, April 2015 PSN 7550-02-000-9047 See Reverse for Instructions



7017 1450 0000 7569 6877

Milwaukee, WI 53202

**CERTIFIED MAIL®**



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MILWAUKEE