

7020 0090 0000 0136 9942

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

For delivery information, visit our website at www.usps.com®.

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 \$

Postmark
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Postage

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Total Postage

\$

Sent To

Street and

City, State

Atty. Hupy & Abraham, S.C.
 111 E Kilbourne Ave., Ste 1100
 Milwaukee WI 53227
 File #240441 & 240580

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

See Reverse for Instructions

7020 0090 0000 0138 9582

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Total Postage

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Sent To

Street and

City, State

Atty. J. Richard Law, LLC
 C/O Albert Gray
 710 N Plankinton Ave., Ste 804
 Milwaukee WI 53203
 File #241522

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

See Reverse for Instructions

7020 0090 0000 0138 9605

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☐ Return Receipt (electronic) \$
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☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark
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Postage

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Total Postage

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Sent To

Street and

City, State

Jorge Padilla
 3255 S 9th Street
 Milwaukee WI 53215
 File #241537

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

See Reverse for Instructions

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☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark
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Postage

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Total Postage

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Sent To

Street and

City, State

Marilyn Sutton
 7300 W Fairmount Avenue
 Milwaukee WI 53218
 File #240930

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

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sean M. McDaniel
3307-A N Buffum Street
Milwaukee WI 53212
File 241008



9590 9402 7749 2152 0938 23

2. Article Number (Transfer from service label)

7020 0090 0000 0136 9935

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sean M. McDaniel*

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/28/05

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Collect on Delivery Restricted Delivery | |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |