

7020 0090 0000 0136 9621

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

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OFFICIAL USE

| | | |
|--|--------------------------------|------------------|
| Certified Mail Fee | | Postmark Here |
| \$ | | |
| Extra Services & Fees (<i>check box, add fee as appropriate</i>) | | |
| <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 | \$ _____ | |
| Postage | | Postmark Here |
| \$ | | |
| Total Postage | | |
| \$ | | |
| Sent To | Clearrissa Conner | |
| Street and | 2648 S 69 th Street | |
| City, State, ZIP+4® | Milwaukee WI 53219 | |
| | File #230285 | |

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

7020 0090 0000 0135 9776

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| Certified Mail Fee | | Postmark Here |
| \$ | | |
| Extra Services & Fees (<i>check box, add fee as appropriate</i>) | | |
| <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 | \$ _____ | |
| Postage | | Postmark Here |
| \$ | | |
| Total Postage | | |
| \$ | | |
| Sent To | Juanita Russell | |
| Street and | 4730 N 35 th street | |
| City, State, ZIP+4® | Milwaukee WI 53209 | |
| | File # 231372 | |

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

7020 0090 0000 0135 9783

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| Certified Mail Fee | | Postmark Here |
| \$ | | |
| Extra Services & Fees (<i>check box, add fee as appropriate</i>) | | |
| <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 | \$ _____ | |
| Postage | | Postmark Here |
| \$ | | |
| Total Postage | | |
| \$ | | |
| Sent To | Keith Ligler | |
| Street and | 180 S 80 th Street | |
| City, State, ZIP+4® | Milwaukee WI 53214 | |
| | File #230843 | |

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