

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
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Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
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- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

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

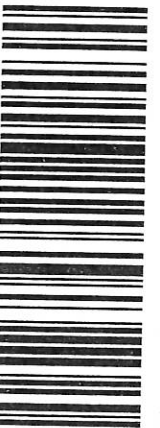
Smith, 190473

City, State, ZIP+4®

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

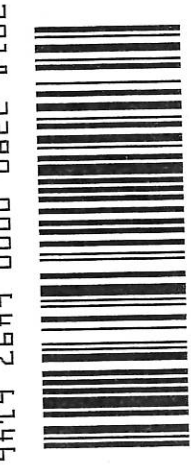
See Reverse for Instructions

MILWAUKEE



7018 2290 0000 6497 6153

*Richard Smith
Inner City Service
1927 W. 2nd St
Milwaukee WI 53212*



7018 2290 0000 6497 6146

MILWAUKEE

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OFFICIAL USE

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Brennan Family

City, State, ZIP+4®

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

See Reverse for Instructions

MILWAUKEE

*Brennan Family
1951 W. 2nd St
Milwaukee WI 53212*