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CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<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	\$

Postmark
Here

Postage
\$ Allison R. Schneider
Total Postage \$ 1796 Satellite BLVD., Apt 813
\$ Duluth GA 30097
\$ Sent To File 230380
\$ Street and Apt.
\$ City, State

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

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<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	\$

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Postage
\$ Atty. Eric Andrew for Sabrina Wade
Total Postage \$ Dunk Law Firm
\$ 777 N Jefferson ST., 3rd Floor
\$ Sent To Milwaukee WI 53202
\$ Street and Apt. File 230700
\$ City, State

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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Postage
\$ KARP IANCU Attorneys at Law for
Total Postage \$ l'Riahna Thompson, a minor, and Lawanda
\$ Withers
\$ Sent To 933 N Mayfair Rd., Suite 300
\$ Street and Apt. Milwaukee WI 53226
\$ City, State, ZIP

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

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Postage
\$ Crystal Hurd
Total Postage \$ W234 S6450 Big Bend Road
\$ Waukesha WI 53189
\$ Sent To File 231324
\$ Street and Apt.
\$ City, State

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

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Postage
\$ Jamal LeBlanc
Total Postage \$ 3725 Canal Bank Drive
\$ Slidell LA 70461
\$ Sent To File 230771
\$ Street and Apt.
\$ City, State

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

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

Postmark
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Postage
\$ Dale Evers
Total Postage \$ 2552 N 17th Street
\$ Milwaukee WI 53206
\$ Sent To File 230462
\$ Street and Apt.
\$ City, State, ZIP

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7020 0090 0000 0136 9577

7021 0950 0002 1492 0079

7020 0090 0000 0136 9591

7020 0090 0000 0136 9591

7020 0090 0000 0136 9591

7020 0090 0000 0136 9591