25011711 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Is delivery address different from item 1?
 If YES, enter delivery address below: □. Yes **EMILY L JOACHIM DILLON J MCCANNON** 2530 S SUPERIOR ST MILWAUKEE, WI 532070000 ☐ Priority Mall Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery 3. Service Type Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
☐ Signature Confirmation
Restricted Delivery 9590 9402 6805 1074 6933 79 Hala Number (Transfer from contine label) 8510 0000 0000 0507 9827 Restricted Delivery PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

Domestic Mail Only

Por delivery information, visit our website at www.usps.com.

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

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

Certified Mail Fee

Certified Mail Fees (check box, add lee as appropriate)

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City, State, ZiF+4*

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Formation, visit our website at www.usps.com.

Formation, visit our website at www.usps.

EMILY L JOACHIM DILLON J MCCANNON 2530 S SUPERIOR ST MILWAUKEE, WI 532070000

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Is delivery address different from item 1? If YES, enter delivery address below: JONATHAN GABRIEL BONCHAK 123 S GREEN ST CHICAGO, IL 606070000

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3. Service Type

☐ Adult Signature
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®

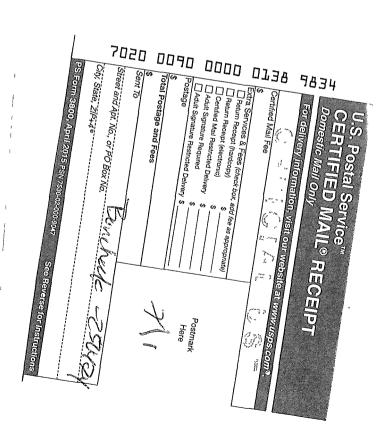
☐ Certified Mall Restricted Delivery
☐ Collect on Delivery
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☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

I Restricted Delivery

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Domestic Return Receipt :



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JONATHAN GABRIEL BONCHAK CHICAGO, IL 606070000 123 S GREEN ST

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 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. Article Addressed to: 	A. Signature X
MICHAEL JAZWIECKI KARRY JO JAZWIECKI 12395 W MORGAN OAK DR GREENFIELD, WI 532280000	
9590 9402 6805 1074 6933 62 2. Article Number Transfer DDDD DDDD DDDD PB 783	Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Alal Restricted Delivery Delivery Delivery Delivery Restricted Delivery Insured Mail Insure
Ps Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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Certified Mail Fee

Sextra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy)

Return Receipt (electronic)

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

Postage

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

PS Form 3800, April 2015 PSN 7550-02-000-9047

See Reverse for Instructions

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MICHAEL JAZWIECKI KARRY JO JAZWIECKI 12395 W MORGAN OAK DR GREENFIELD, WI 532280000

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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. Print your name and address on the reverse so that we can return the card to you. A. Signature X B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery A. Signature X B. Received by (Printed Name) C. Date of Delivery YES, enter delivery address different from item 1? Yes YES, enter delivery address below: A. Signature X Complete THIS SECTION ON DELIVERY	
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Attach this card to the back of the mailpiece, or on the front if space permits. B. Received by (Printed Name) C. Date of Delivery delivery address different from item 1? Yes YES, enter delivery address below:	
YES, enter delivery address below:	•
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2512 S SUPERIOR ST	
MILWAUKEE, WI 532070000	
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3. Service Type Adult Signature Adult Signature Adult Signature Adult Signature Adult Signature Adult Signature Registered Mail Pestricted Delivery Certified Mail® Signature Confirmation Signature Confirmation	•
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S Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	!

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Gentified Mail Fee

Certified Mail Fee

Return Receipt (hardoopy)

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

PS Form 3300, April 2015 Sen 7850-025000-5047

See Reverse for Instructions

2512 SUPERIOR LLC 2512 S SUPERIOR ST MILWAUKEE, WI 532070000

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250490 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mallpiece, or on the front if space permits. Is delivery address different from Item 1? If YES, enter delivery address below: ☐ Yes 1. Article Addressed to: **町No EDWARD T SEAVER IV** 2522 S SUPERIOR ST MILWAUKEE, WI 532070000 □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery Cervice type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery 9590 9402 6805 1074 6933 55 2. Article Number (Transfer from service label) Insured Mall all Restricted Delivery 7021 2720 0000 2293 1828 Domestic Return Receipt PS Form 3811, July 2020 PSN 7530-02-000-9053

7021 2720 0000 2293 1828 City, State, ZIP+4® street and Apt. No., Return Receipt (electronic) Certified Mail Restricted Deliver ertified Mail Fee (\mathfrak{P}) Adult Signature Restricted Delivery Adult Signature Required (W) 問習 or PO Box No. III. U 1

EDWARD T SEAVER IV 2522 S SUPERIOR ST MILWAUKEE, WI 532070000

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. B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: NO JOEL BOHLEN KAREN BOHLEN 2506 S SUPERIOR ST MILWAUKEE, WI 532070000	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? If YES, enter delivery address below:
Service Type Adult Signature 9590 9402 6805 1074 6933 31 2. Article Number (Transfer from service label) 7021 2720 0000 2273 1811 Restricted Delivery Priority Mail Express® Registered Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery Restricted Delivery Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Delivery Signature Confirmation Restricted Delivery Signature Confirmation Restricted Delivery Domestic Return Receipt	Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Restricted Delivery Signature Confirmation Restricted Delivery Restricted Delivery

CERTIFIED WAIL® RECEIPT

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Adult Signature Restricted Delivery \$ Postmark

Total Postage and Fees

Sent To

Since and Apt No. or PO Box No.

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Since and Apt No. or PO Box No.

Fig. Form 3800, April 2015 FSN 7880/2800/3007

JOEL BOHLEN KAREN BOHLEN 2506 S SUPERIOR ST MILWAUKEE, WI 532070000

750444 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: JOHN H PIETTE 2518 S SUPERIOR ST MILWAUKEE, WI 532070000 Service Type Adult Signature Adult Signature Restricted Delivery ☐ Priority Mail Express® □ Registered Mail[™] □ Registered Mail Restricted Delivery □ Signature Confirmation[™] □ Signature Confirmation ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Delivery Restricted Delivery 9590 9402 6805 1074 6933 24 2. Article Number (Transfer from Restricted Delivery 7021 2720 0000 2293 1804 til - moured mail Restricted Delivery (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 **Domestic Return Receipt**

U.S. Postal Service."

CERTIFIED MAILO RECEIPT

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Postmark Pearling in American Delivery S.

Ror Tool Postage and Fees

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

City, State, Zipt.te

PS Form 3800, April 2015 PSN 7550-02-000-00-7

See Revelue for Instruction

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JOHN H PIETTE 2518 S SUPERIOR ST MILWAUKEE, WI 532070000

250494 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. □ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from Item 1?
If YES, enter delivery address below: Article Addressed to ☐ Yes E No LEAH M LEJA 2508 S SUPERIOR ST MILWAUKEE, WI 532070000 ☐ Priority Mali Express® ☐ Registered Mail™ 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery
☐ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™
☐ Signature Confirmation ☐ Certified Mall Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery 9590 9402 6805 1074 6932 87 Restricted Delivery 2 Article Number (Transfer from service label) Mail Mail Restricted Delivery 7021 2720 0000 2293 1798 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service

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For delivery inf

LEAH M LEJA
2508 S SUPERIOR ST
MILWAUKEE, WI 532070000

962T 525 0000 5543 T282