



City
of

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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 or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, August 2006

See Reverse for Instructions

Mike Warrick
418 N 3rd St # 180
Milwaukee, WI 53203