



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

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**OFFICIAL USE**

7017 1450 0000 7569 6518

- Certified Mail Fee**
- Extra Services & Fees (check box, add fee as appropriate)
  - Return Receipt (hardcopy) \$ \_\_\_\_\_
  - Return Receipt (electronic) \$ \_\_\_\_\_
  - Certified Mail Restricted Delivery \$ \_\_\_\_\_
  - Adult Signature Required \$ \_\_\_\_\_
  - Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here  
8/10

**Total Postage and Fees**

**Sent To**

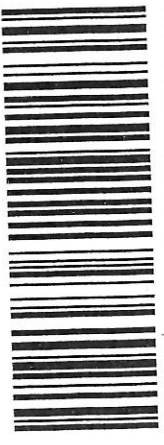
Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Olson - 1830N

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

**CERTIFIED MAIL**



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Daniel and Margaret Olson  
 1830N. 2<sup>nd</sup> St.  
 Milwaukee, WI 53212