

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
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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 \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

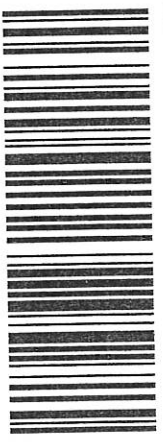
Total Postage and Fees \$ \_\_\_\_\_

Sent to \_\_\_\_\_

Street and Apt. No., or PO Box No. *Dunes - 20043P*

City, State, ZIP+4® \_\_\_\_\_

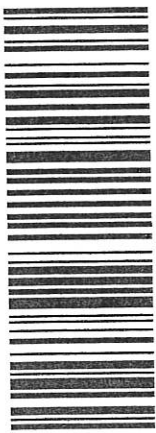
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7019 2280 0001 7548 8591

*Deville Duncan, MD  
8883E N. Swan Rd.  
Milwaukee WI 53224*

**GUARANTEED MAIL**



7019 2280 0001 7548 8707

*Unison G.C., LLC  
3723 N. 47th St  
Milwaukee WI 53212*

7019 2280 0001 7548 8707

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