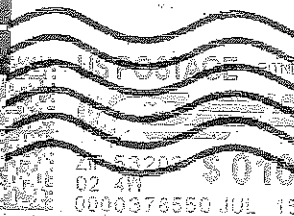




Office of the City Clerk
City Hall, Room 205
200 East Wells Street
Milwaukee, WI 53202



Schuller, Dallavo & Asieri
Atty. Whiteside
c/o Northern Insurance Company
Subrogee of
233 S Wacker
Chicago IL 60606

A-Z
619
7-25-2025

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

1: 93331200290046

UTF
5067320273530

8C: 53202357099 *1825-00289-15-4:

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.

1. Article Addressed to:

Schuller, Dallavo & Asieri
Atty. Whiteside c/o Northern Insurance
Company Subrogee of Associated Bancorp
233 S Wacker Drive, Suite 5230
Chicago IL 60606



9590 9402 9191 4225 0834 75

2. Article Number (Transfer from service label)

9589 0710 5270 2941 7726 78

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

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

3. Service Type

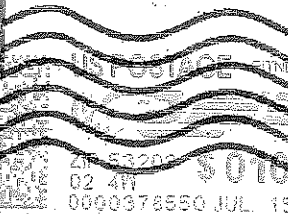
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



Office of the City Clerk
City Hall, Room 205
200 East Wells Street
Milwaukee, WI 53202



Schuller, Dallavo & Asieri
Atty. Whiteside
c/o Northern Insurance Company
Subrogee of
233 S Wacker
Chicago IL 60606

NIXIE 601 FE 1 0008/30/25

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

1: 93331200290046

BC: 53202357099 *1825-00289-15-4:

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.
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Chicago IL 60606



9590 9402 9191 4225 0834 75

2. Article Number (Transfer from service label)

9589 0710 5270 2941 7726 78

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
- ☐ Addressee

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt