

7012 1640 0002 5149 9489



City

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

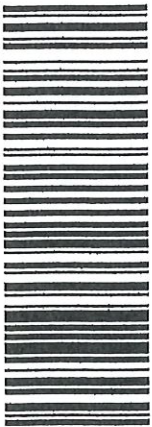
Postmark  
Here  
10/28

Sent To \_\_\_\_\_  
 Street, Apt. No.,  
 or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

PS Form 3800, August 2006

See Reverse for Instructions

**CERTIFIED MAIL™**



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LaShonda Anderson  
2813 W. Grant Blvd.  
Milwaukee, WI 53210