



Milwaukee

7021 2720 0000 2293 1767

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



CERTIFIED MAIL

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

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
9/11

Total Postage and Fees

\$ _____

Sent To _____

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

City, State, ZIP+4® _____

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

AMBER WALKER
2864 N SHERMAN BLVD
MILWAUKEE, WI 532100000



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