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**OFFICIAL USE**

Certified Mail Fee  
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
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Postage  
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Total Postage and Fees  
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Sent To Roth - 221369

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City, State, ZIP+4®

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

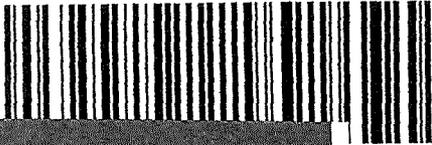
Randy Roth  
 Phoenix Mitchell LLC  
 731 N. Jackson St., Suite 502  
 Milwaukee, WI 53202

7021 2720 0000 2293 0259

**CERTIFIED MAIL**



City



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Sent To Denk - 221369

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0265

Kelly Denk  
 Denk and Company, LLC  
 1212 E. Burleigh St.  
 Milwaukee, WI 53212

7021 2720 0000 2293 0265