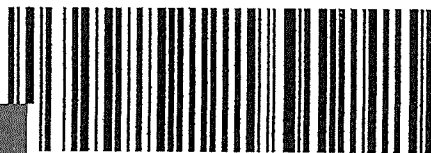


CERTIFIED MAIL



City



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| <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 | \$ |

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2/8

Jim Dieter  
2432 W. Kilbourn Ave.  
Milwaukee, WI 53233

|                        |    |
|------------------------|----|
| Postage                | \$ |
| Total Postage and Fees | \$ |

|                                    |                   |
|------------------------------------|-------------------|
| Sent To                            | Dieter - 231623 + |
| Street and Apt. No., or PO Box No. | 425               |
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 2720 0000 2293 4300