7017 1450 0000 7569 7140

Certified Mail Fee	
•	
Extra Services & Fees (check box, add fee as appropriate)	
Return Receipt (hardcopy) \$	
Return Receipt (electronic) \$	Postmark
Certified Mail Restricted Delivery \$	Here
Adult Signature Required \$	
Adult Signature Restricted Delivery \$	4
Postage	
69	•
Total Postage and Fees	
1	20013
Street and Apt. No., or PO Box No.	1811
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions



Jagpai S. Waraich 2864 N. Maryland Ave. Milwaukee, WI 53202