



City

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

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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 \$ _____

Postage

Total Postage and Fees \$ _____

Sent To

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

Date - 1/22/16

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

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CERTIFIED MAIL



7018 2290 0000 6504 2413

Chasler Date
6508 S 27th St, Ste 9
Oak Creek WI 53154

7018 2290 0000 6504 2413