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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 \$ \_\_\_\_\_

Postmark  
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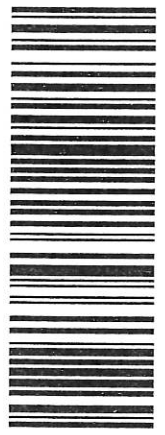
Sent to \_\_\_\_\_

Street and Apt. No., or PO Box No. Swinns - 1910TD

City, State, ZIP+4® \_\_\_\_\_

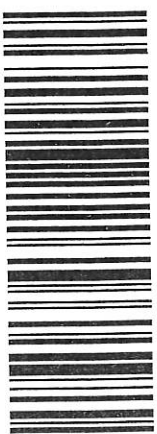
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0000 6497 6450



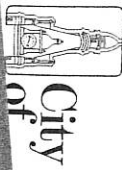
*Courche Swinns  
47 Swinns Const. v Rental  
7231 W. Fiebrantz Ave  
Milwaukee WI 53208*

**CERTIFIED MAIL**



7018 2290 0000 6497 6443

*Ben Tomes  
2903 W McKinley Blvd.  
Milwaukee WI 53208*



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