

THE CITY CLERK  
05 CITY HALL  
WELLS STREET  
MILWAUKEE WI 53202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Coral Harter  
767 W. Jefferson St  
Milwaukee WI 53202



9590 9402 4964 9063 4825 99

2. Article Number (PSN)

7018 2290 0000 6497 7303

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Certified Mail Restricted Delivery

☐ Certified Mail Restricted Delivery

☐ Insured Mail Restricted Delivery

(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

Coral Harter  
767 W. Jefferson St  
Milwaukee WI 53202

7018 2290 0000 6497 7303

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

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. Harter - 71824

City, State, ZIP+4®

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

Postmark Here 3/5

WELLS STREET  
MILWAUKEE WI 53202

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Seven SI, LLC  
751 N Jefferson St  
Milw WI 53202



9590 9402 4964 9063 4841 42

2. Article Number (Transfer from service label)

7018 2290 0000 6497 7297

PS Form 3811, July 2015 PSN 7530-02-000-9053

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Registered Mail Restricted Delivery (\$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



7018 2290 0000 6497 72

Seven SI, LLC  
751 N. Jefferson St  
Milwaukee WI 53202

7018 2290 0000 6497 7297

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

OFFICIAL USE

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

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.

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark  
Here

2/5

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

*2nd P4H LLC*  
*8870 W. Pax Washington Rd*  
*Bayside, WI 53217*



9590 9402 4964 9063 4826 43

7018 2290 0000 6497 7334

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

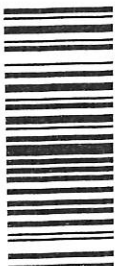
3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

112 WEST CLARK  
 5 CITY HALL  
 215 STREET  
 WISCONSIN 53202

7018 2290 0000



7018 2290 0000 6497 7334

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

**OFFICIAL USE**

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

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 *2nd P4H LLC*

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

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-8047 See Reverse for Instructions

Postmark Here

*3/5*

*2nd P4H LLC*  
*8870 W. Pax Washington Rd*  
*Bayside, WI 53217*

WELLS STREET  
MILWAUKEE, WI 53202

- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fox Properties LLC  
PO Box 171003  
Milw WI 53212



9590 9402 4964 9063 4826 12

2. Article Number (Transfer from service label)

7018 2290 0000 6497 7310

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Fox Properties LLC  
PO Box 171003  
Milwaukee WI 53212

7018 2290 0000



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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

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.

\$

City, State, ZIP+4®

\$

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

See Reverse for Instructions

Fox - 151824

3/5

Postmark Here



OFFICE OF THE CITY CLERK  
ROOM 205 CITY HALL  
209 E. WELLS STREET  
MILWAUKEE, WISCONSIN 53202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Gerda Fay Holdings, LLC  
301 Main St  
Houston, TX 77002



9590 9402 4964 9063 4826 29

2. Article Number (Transfer from previous label)

7018 2290 0000 6497 7327

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Delivery Restricted Delivery

☐ Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

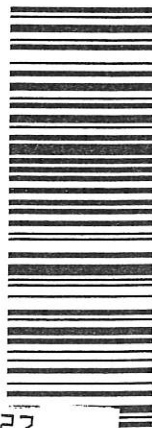
☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Gerda Fay Holdings, LLC  
301 Main St.  
Houston, TX 77002

7018 2290 0000 6497 73



7018 2290 0000 6497 7327

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse

City, State, ZIP+4®

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

Sent To

Total Postage and Fees

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