



**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here
219

Sent to	Patrick - 261377
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	

PS Form 3800, August 2006
MILWAUKEE

See Reverse for Instructions



7012 3460 0000 0488 3756

*Dr Patrick
2522 S. Superior St
Milwaukee WI 53207*