



MIW81

City

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
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OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

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Adult Signature Restricted Delivery \$ _____

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Sent To _____

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

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9007 See Reverse for Instructions

Postmark
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11/14

21175

*Nicole Haass + Christopher
Kubacki
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