

**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:

Robert A. Kordus  
Asphalt Contractors, Inc  
710 Vine St  
Union Grove, WI 53182



9590 9403 0480 5173 7631 19

2. Article Number (Transfer from service label)

7017 1450 0001 2129 1001

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *William J. Lauf*  Agent  Addressee

B. Received by (Printed Name)  
WILLIAM J. LAUF

C. Date of Delivery  
NOV 4 2019

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

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Signature Confirmation Restricted Delivery (over \$500)  
 Insured Mail Restricted Delivery (over \$500)



Domestic Return Receipt

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1. Article Addressed to:

Mr. Joseph H. Madigan  
9513 W. Greenfield Ave.  
West Allis, WI 53214



9590 9402 2861 7069 5007 67

2. Article Number (Transfer from service label)

7017 3040 0000 3010 6435

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Rose Madigan*  Agent  Addressee

B. Received by (Printed Name)  
Rose Madigan

C. Date of Delivery  
11-4-19

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

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Signature Confirmation Restricted Delivery (over \$500)  
 Insured Mail Restricted Delivery (over \$500)



Domestic Return Receipt

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1. Article Addressed to:

Mr. Dennis Anderson  
1423 S. 96th St.  
West Allis, WI 53214



9590 9403 0480 5173 7630 89

2. Article Number (Transfer from service label)

7017 3040 0000 3010 6466

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Dennis Anderson*  Agent  Addressee

B. Received by (Printed Name)  
11-4-2019

C. Date of Delivery  
NOV 4 2019

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

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Signature Confirmation Restricted Delivery (over \$500)  
 Insured Mail Restricted Delivery (over \$500)



Domestic Return Receipt

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1. Article Addressed to:

Mr. James P. Coster  
9611 W. Greenfield Ave  
West Allis, WI 53214



9590 9403 0480 5173 7630 96

2. Article Number (Transfer from service label)

7017 3040 0000 3010 6459

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *JAMES P. COSTER*  Agent  Addressee

B. Received by (Printed Name)  
James P. Coster

C. Date of Delivery  
11-4-19

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

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  Signature Confirmation Restricted Delivery (over \$500)  
 Insured Mail Restricted Delivery (over \$500)



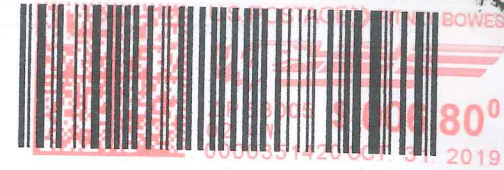
Domestic Return Receipt



**State of Wisconsin**

Department of Natural Resources  
2300 North Dr. Martin Luther King Jr. Drive  
Milwaukee, WI 53212

**CERTIFIED MAIL®**



7017 3040 0000 3010 6442

Mr. & Mrs. Alexander & Kirsten Pezewski  
1426 S. 96<sup>th</sup> St.  
West Allis, Wisconsin 53214

*ANK*

ANK

5321434723196

NIXIE 530 FE 1 0011/10/19

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

BC: 53212319699 \*2686-04305-10-32



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1. Article Addressed to:

Mr. & Mrs. Alexander Kiersta Przewski  
1426 S. 96<sup>th</sup> St.  
West Allis, WI 53214



9590 9403 0480 5173 7631 02

2. Article Number (Transfer from service label)

7017 3040 0000 3010 6442

**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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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Domestic Return Receipt