

USPS TRACKING #



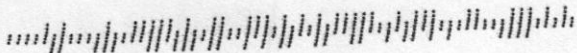
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5406 9189 6337 81

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

PSL.
City of Racine
Clerks Treasurer Office
730 Washington Ave. Room #103
Racine, WI 53403



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:

Laurel Massage Studio
 Lauren Recupero
 524 Monument Sq. St 204
 Racine, WI 53403



9590 9402 5406 9189 6337 81

2. Article Number (Transfer from service label)

7020 0640 0001 1527 5817

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
 Registered Mail
 Registered Mail Restricted Delivery (for \$500)
- Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery