

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

### 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:

Shannon D. McDonald  
N96 W18221 County Line Rd  
Ste 200  
McNomonie Falls, WI. 53051



9590 9402 7362 2028 8382 18

2. Article Number (Transfer from service label)

7022 0410 0000 7890 8462

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Maria Howarth

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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail

Mail Restricted Delivery

30)

Domestic Return Receipt

WAUKEE WI 530

USPS TRACKING# AUG 2023PM 3L



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

9590 9402 7362 2028 8382 18

United States  
Postal Service

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

City of Racine *Claims*  
Office of the City Clerk  
730 Washington Ave Rm 103  
Racine, WI 53403

