



180615

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Robert Cowley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address
1. Article Addressed to: <i>St Maup Hospital of Milw            Ath: Finance Dept            4425 N Post Washjst Rd            Glendale WI 53212</i>	B. Received by (Printed Name) <input checked="" type="checkbox"/> <i>R. Cowley</i> C. Date of Delivery <input checked="" type="checkbox"/>
2. Article Number (Transfer from service label) 7017 1450 0000 7569 6402	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
 9590 9402 2799 7069 1570 19	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restrict Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery

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1. Article Addressed to: <i>Columbia St Marys/Ascension            400 West River Woods Parkway            Glendale WI 53212</i>	B. Received by (Printed Name) <input checked="" type="checkbox"/> <i>Red Robertson</i> C. Date of Delivery <input checked="" type="checkbox"/> <i>1-7-2015</i>
2. Article Number (Transfer from service label) 7017 1450 0000 7569 6419	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
 9590 9402 2799 7069 1574 77	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restrict Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery