

241365

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:

Joseph Heinen
1268 W 12415 Appleton Ave
Minominee Falls, WI 53051



9590 9402 7749 2152 0930 52

2 Article Number (Transfer from service label)

7021 2720 0000 2293 1194

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Schultz*

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

J. Schultz

C. Date of Delivery

12/21/24

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

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 Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |

|| Restricted Delivery