## **SENDER: COMPLETE THIS SECTION** COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Agent ■ Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: Atty. Hupy & Abraham, S.C. 111 E Kilbourne Ave., Ste 1100 Milwaukee WI 53227 File #240441 & 240580 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Adult Signature □ Registered Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery 9590 9402 7749 2152 0938 78 ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery 2 Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) 7020 0090 0000 0136 9942 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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	<ul> <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  X  Agent  Addressee  B. Received by (Printed Name)  Addressee
	1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
	Atty. Hupy & Abraham, S.C. 111 E Kilbourne Ave., Ste 1100 Milwaukee WI 53227 File #240441 & 240580	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Insured Mail □ Insured Mail Restricted Delivery □ Insured Mail Restricted Delivery
	9590 9402 7749 2152 0938 78	
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TIII	PS Form 3811, July 2020 PSN 7530-02-000-9053	(over \$500)  Domestic Return Receipt