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:  SOHI COMMERCIAL LLC 1603 ORRINGTON AVE STE 450 EVANSTON, IL	COMPLETE THIS SECTION ON DELIVERY  A. Signature  A. Signature  B. Received by (Printed Name)  C. Date of Deliver  D. Is delivery address different from Item 17  If YES, enter delivery address below:
9590 9402 6805 1074 6945 98  2 7021 2720 0000 2293 16  PS Form 3811, July 2020 PSN 7530-02-000-9053	Octivice Type   Priority Mail Express®   Registered Mail™   Registered Mail™   Registered Mail™   Registered Mail™   Registered Mail Restricted Delivery   Collect on Delivery   Signature Confirmation   Signature Confirmation   Restricted Delivery   I   Restricted Delivery   Signature Confirmation   Restricted Delivery   I   Restricted Delivery   I   Restricted Delivery   I   Restricted Delivery   I   Restricted Delivery   Domestic Return Receip
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:  STANLEY GROSSMAN	COMPLETE THIS SECTION ON DELIVERY  A. Signature  A. Signature  A. Signature  Addresse  B. Received by (Printed Name)  C. Date of Deliver  D. Is delivery address different from item 1?  If YES, enter delivery address below:
744 N 26TH ST MILWAUKEE, WI  9590 9402 6805 1074 6945 43  2.   Transfer from service label) 7021 2720 0000 2293 1  PS Form 3811, July 2020 PSN 7530-02-000-9053	Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Clolect on Delivery Restricted Delivery Insured Mail Signature Confirmation Signature Confirmation Restricted Delivery Districted Delivery  Signature Confirmation Restricted Delivery  Domestic Return Receip
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:  LUIS F DELGADILLO 2724 W PIERCE ST MILWAUKEE, WI	COMPLETE THIS SECTION ON DELIVERY  A. Signature  A Agent  Address  B. Received by (Printed Name)  C. Date of Delive  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
9590 9402 6805 1074 6945 81 2 7021 2720 0000 2293 16	Service Type

7020 0090 0000 013L 7139

☐ Signature Confirms/ Restricted Delivery

☐ Collect on Delivery

(over \$500)

all

Delivery Restricted Delivery

all Restricted Delivery