

SENDER: COMPLETE THIS SECTION		COMPLETEE	
<ul style="list-style-type: none"> ■ 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. 		<p style="text-align: right; font-size: 1.2em; color: blue;">190007</p>	
<p>1. Mary McCay 190007 6301 W. Euclid Avenue Milwaukee, WI 53219</p>		<p>A. Signature X</p>	
		<p>B. Received by (<i>Printed Name</i>)</p>	
<p>2. Article Number (<i>Transfer from service label</i>) 7016 1970 0000 4424 3149</p>		<p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p>		<p><input type="checkbox"/> Priority Mail Express®</p>	
<p><input checked="" type="checkbox"/> Adult Signature</p>		<p><input type="checkbox"/> Registered Mail™</p>	
<p><input type="checkbox"/> Adult Signature Restricted Delivery</p>		<p><input type="checkbox"/> Registered Mail Restricted Delivery</p>	
<p><input type="checkbox"/> Certified Mail®</p>		<p><input type="checkbox"/> Return Receipt for Merchandise</p>	
<p><input type="checkbox"/> Certified Mail Restricted Delivery</p>		<p><input type="checkbox"/> Signature Confirmation™</p>	
<p><input type="checkbox"/> Collect on Delivery</p>		<p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>Barcode: 9590 9402 3170 7166 3110 46</p>		<p>Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	