SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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> <li>1. Article Addressed to:</li> <li>Pradley Hamm</li> <li>Pradley Chung Ach.</li> <li>754 U Milw # 250</li> <li>Milw wi 53202</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C-18-(9)  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
	3. Service Type ☐ Priority Mail Express®

☐ Adult Signature

Certified Mail®

☐ Insured Mail

☐ Collect on Delivery

☐ Adult Signature Restricted Delivery

☐ Collect on Delivery Restricted Delivery

ail Restricted Delivery

☐ Certified Mail Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

2 Article Number (Transfer from service label)

7017 1450

9590 9402 2799 7069 1570 64

0000

7569 6068

Domestic Return Receipt

☐ Registered Mail™

□ Return Receipt for Merchandise

Delivery

☐ Registered Mail Restricted

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery