		7 16 - Table 1
1	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	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. Article Addressed to: Sarah Burns 1831 W Fairmount Avenue Milwaukee WI 53209	A Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
	9590 9402 6924 1104 5411 86 2. Article Number (Transfer from service label) 7021 0350 0000 5304 8947	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail Restricted Delivery (over \$500)
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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