

20064-Approved HR

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:  
 Gregg Pussen  
 The Consortium of LLC  
 735 N Water St #1228  
 Milwaukee WI 53202

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Co-2 19* B. Date of Delivery *10/16*

C. Signature *X DW 013*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7019 2280 0001 7548 9919