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> </ul>	A. Signature    Addressee     Addressee     Addressee     B. Received by (Printed Name)     C. Date of Delivery     J.7-J.4     D. Is delivery address different from item 1?     Yes     If YES, enter delivery address below:   No     No     No     Registered Mail Express®     Registered Mail Testricted Delivery     Certified Mail Restricted Delivery     Collect on Delivery     Collect on Delivery     Collect on Delivery     Insured Mail     Insured Mail Restricted Delivery (over \$500)
Badger Mutual Insurance Company C/O Mas Property Ventures, LLC 1134 N 9th Street Milwaukee WI 53233 File 240465	
9590 9402 7749 2152 0936 63  2. Article Number (Transfer from service label)  720 0090 0000 0136 9690	
Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt