

260245

R: COMPLETE THIS SECTION

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, if possible, on the front if space permits.

Name Addressed to:

James Pitzon
2685 Brookview Ct
Brookfield WI 53005



9590 9402 9627 5121 4372 25

Article Number (Transfer from service label)

9589 0710 5270 2722 8191 27

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

JAMES PITZON

C. Date of Delivery

8/15/20

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery

Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt