

171150

**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.

A. Signature  
*x Kirk Kudsk*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery *11-16-17*

1. Article Addressed to:  
*Compass Properties  
 4501 State Highway 66  
 Stevens Point WI 54482*

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



9590 9402 3170 7166 3106 81

2. Article Number (Transfer from carrier label)  
*7016 1970 0000 4424 3378*

3. Service Type
- |   |   |
|---|---|
| <input type="checkbox"/> Adult Signature                                  | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery              | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                       | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery               | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                              | <input type="checkbox"/> Signature Confirmation®                    |
| <input type="checkbox"/> Insured Mail Restricted Delivery                 | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) |   |