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  X  BReceived by (Printed Name)	☐ Agent ☐ Addressee  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Ms. Johneishia Williams 4585 N 23 <sup>rd</sup> Street Milwaukee WI 53209		
9590 9402 6952 1104 5670 28  2. Article Number ( <i>Transfer from service label</i> )  7021 2720 0000 2293 2580	☐ Adult Signature ☐ ☐ Adult Signature ☐ ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ ☐ Collect on Delivery ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Dom	nestic Return Receipt

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