	231931	
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. Article Addressed to: 	A. Signature X B. Received by (Printed Name) D. Is delivery address different from	Agent Addressee C. Date of Delivery
Daniel & Margaret Obser 1830 N. ZN St Mila W 53212	If YES, enter delivery address	
9590 9402 7811 2152 2363 01	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ② Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Priority Mall Express®☐ Registered Mail I™☐ Registered Mail Restricted Delivery☐ Signature Confirmation I™☐ Signature Confirmation Restricted Delivery☐
2. Article Number (Transfer from service label) 7021 2720 0000 2293 45	Delivery Restricted Delivery Restricted Delivery Restricted Delivery	restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt