241392 COMPLETE THIS SECTION ON DELIVERY **SENDER:** COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. 🗖 Agent Print your name and address on the reverse so that we can return the card to you. X Addressee B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: STNO 1. Article Addressed to: Maria Koloff 10montry 23  $\mathcal{N}$ Are Errace W 53211 □ Priority Mail Express®
□ Registered Mail™
□ Registered Mail Restricted Delivery
□ Signature Confirmation™
□ Signature Confirmation Restricted Delivery 3. Service Type S. Service type
Adut Signature
Adut Signature Restricted Delivery
Scentified Mail®
Certified Mail Restricted Delivery
Collect on Delivery
Collect on Delivery 9590 9402 7749 2152 0932 81 2021 2720 0000 2293 1795 all Restricted Delivery PS Form 3811, July 2020 PSN 7530-02-000-9053 **Domestic Return Receipt**