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. 1. Article Addressed to: James Hedman 8940 W Metcalf Place Milwaukee WI 53222	A. Signature X
9590 9402 4964 9063 4832 75 2. Article Number (<i>Transfer from service label</i>) 7019 2280 0001 7548 8462	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail Restricted Delivery □ Insured Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmatior □ Signature Confirmatior □ Restricted Delivery □ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500) Domestic Return Receip

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PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receip