24139 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 X (V Addressee so that we can return the card to you. B. Received by (Printed Name) Koustance Kvalleter 12-23.24 C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. 1. Article Addressed to: □ Yes D. Is delivery address different from item 1? Anly Miller Flagstime handscoping 1840 Luke tield Id. If YES, enter delivery address below: **D**No Cidarburg, W 53012 □ Priority Mall Express®
□ Registered Mail™
□ Registered Mail Restricted Delivery
□ Signature Confirmation™ 3. Service Type Adult Signature
Adult Signature Restricted Delivery
Certified Mail®
Certified Mail®
Certified Mail®
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Collect on Delivery 9590 9402 7749 2152 0932 74 Signature Confirmation Restricted Delivery 2. Article Number (Transfer from service lebel) all all Restricted Dolivery over \$500) 2021 2720 0000 2293 1200 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt