

**SENDER: COMPLETE THIS SECTION**

- 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 c

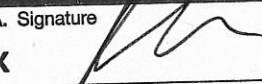
1. Article **Law Offices of Kimberly Poweres, S.C. (FN181096)**  
**PO Box 447**  
**Brookfield, WI 53005**



9590 9402 3238 7196 5939 41

2. Article Transfer from service label  
**7016 1970 0000 4424 3040**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) **Kim Poweres** C. Date of Delivery

Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**53008-0447**

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery
  - Priority Mail Express®