SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY A. Signature
 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. 	B. Received by (Radiced Name) C. Date of Delivery
John E Hennessy 831 w Wisconsin Auc Milw, W.F. 53203;	
9590 9402 7749 2152 0946 84	3. Service Type ☐ Adult Signature ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery
2. Article Number (Transfer from service label)	☐ Insured Mail ☐ Insured Mail Restricted Delivery [August 550]
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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