231055

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 on the front if space permits.

1. Article Addressed to:

Therese Hansen
Kabala Washatko Ark.
W61 N617 N Meguon Ave
Cedarburg, WI 53012

9590 9402 7811 2152 2367 07

2. Article Number (Transfer from service label)

7021 2720 0000 2293 4034

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Vicki Yurske

☐ Agent
☐ Addressee

B. Received by (Printed Name)

VICKI YURSKE

C. Date of Delivery

11-10-23

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

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt