

**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:

Greg Schumacher  
Cityscape Architecture  
13700 W Greenfield Ave  
Brookfield, WI 53005



9590 9402 3238 7196 5937 67

7018 2290 0000 6504 2055

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Greg Schumacher*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-7-19

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

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500)   |   |

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

Domestic Return Receipt