

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:

Metropolitan Associates
1123 N Astor Street
Milwaukee WI 53202
File #221411



9590 9402 7749 2152 0925 12

2. Article Number (Transfer from service label)

7021 0950 0002 1492 0048

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-14-23

**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
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt