



210612 3019

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <i>M. Lehman</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>													
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;"><i>Dawn McCarthy</i></p> <p style="font-size: 1.2em;"><i>2589 N. Lake Dr.</i></p> <p style="font-size: 1.2em;"><i>Milw WI 53211</i></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>												
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7019 2280 0001 7548 9827</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>													
<p style="text-align: center;">  9590 9402 4964 9063 4833 81 </p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input checked="" type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input checked="" type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input 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
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<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													
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>														

210617 + 210613

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<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;"><i>E. North LLC</i></p> <p style="font-size: 1.2em;"><i>1731 Alyson Lane</i></p> <p style="font-size: 1.2em;"><i>Wauwatosa WI 53597</i></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p> <p style="font-size: 1.2em;"><i>12-9</i></p>												
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em;">7019 2280 0001 7548 9810</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>													
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