	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. Article Addressed to:	A. Signature X B. Received by (Printed Name) D. Is delivery address different from	☐ Agent ☐ Addressee ☐ C. Date of Delivery
4.	David Rockwell-Kerra Hanna 2620 N Lake DV Milw WI 53211	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail®	☐ Priority Mall Express®☐ Registered Mail™☐ Registered Mail Restricte Deliver
	9590 9402 7811 2152 2356 32 PS Form So T1, July 2020 PSN 7030-02-000-9003	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Signature Confirmation of Signature Confirmation of Delivery