, Tada	241459	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	ELIVERY
Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse	X	☐ Agent☐ Addressee
so that we can return the card to you.	B. Received by (Printed Name)	C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	I Imeel Shykair	
1. Article Addressed to:	D. Is delivery address different from Item 1? Yes	
Kris Anton	If YES, enter delivery address below:	
(11 N Broadway	my r	
Kris Anton all N Broadway. Mile WI 53202		
	3. Service Type	Priority Mail Express®
	☐,Adult Signature Restricted Delivery ☐	I Registered Mail™ I Registered Mail Restricted
9590 9402 7749 2152 0941 27		Delivery ☐ Signature Confirmation™
		3 Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery	Destricted Delivery

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