| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 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 A. Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below: |
| Johnnie Ashley 3528 W Highland BLVD Milwaukee WI 53208 File 241200 | |
| 9590 9402 7749 2152 0939 15 2. Article Number (Transfer from service label) 2020 0090 0000 0136 9881 | 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Insured Mail Insured Mail Insured Mail Restricted Delivery (over \$500) |
| 7020 0090 0000 0136 7861 PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Recei |