

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:

ProBalls Assoc
 9733 W Greenfield Ave
 Milw WI 53214



9590 9402 4964 9063 4827 04

2. Article Number (Transfer from service label)

7018 2290 0000 6497 7426

PS Form 3811, July 2015 PSN 7530-02-000-9053

191904

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

COVID-19

C. Date of Delivery

4/10

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
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

Domestic Return Receipt