	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3.	A. Signature
	Print your name and address on the reverse so that we can return the card to you.	X Addressee
	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes
	Cecil Brewer	If YES, enter delivery address below:
	3053 N Sherman BLVD	
	_Milwaukee WI 53210	
	<u> </u>	
		3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
		☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Delivery
	9590 9402 6924 1104 5412 47	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation TM ☐ Signature Confirmation
	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery I Insured Mail
	7021 0350 0000 5304 8770	I Insured Mail Restricted Delivery (over \$500)
120	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
10.1	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3.	A. Signature
	■ Print your name and address on the reverse	X (2 7 Addressee
	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
	or on the front if space permits.	A. Zimpel 10-14-2
	1. Article Addressed to: Robert J. Welcenbach, Esq. Welcenbach	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
- 11 11	Law Offices, S.C.	
	For Terrence Gorzalski	
	933 N. Mayfair Rd., suite 311	
	Milwaukee WI 53226	
		3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
		Adult Signature Restricted Delivery Registered Mail Restricted Delivery Delivery
	9590 9402 6924 1104 5412 30	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation TM ☐ Collect on Delivery ☐ Signature Confirmation
	7021 0350 0000 5304 8787	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
-		☐ Insured Mail Restricted Delivery (over \$500)
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3.	A. Signature/
	■ Print your name and address on the reverse	X ☐ Agent
	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
	or on the front if space permits.	
	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	Sunday Troupe 3745 N 58 th Street	II vac, since asince, acadese asince.
	Milwaukee WI 53216	
	- IVIII WAGNEE VVI 33223	
		3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
		☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricter Delivery ☐ Registered Mail Restricter Delivery
	9590 9402 6924 1104 5412 54	© Certified Mail Restricted Delivery
	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery
	7021 0350 0000 5304 9043	Insured Mail Restricted Delivery