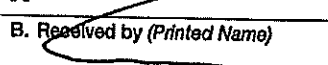
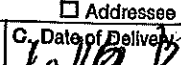


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  ☒ Agent ☐ Addressee	
1. Article Addressed to: Brenda Bell-white 3337 North 1st Street Milwaukee WI 53212 File Number 241102		B. Received by (Printed Name)  C. Date of Delivery 	
2. Article Number (Transfer from service label) 7020 0090 0000 0138 9643		D. Is delivery address different from item 1? ☒ Yes ☐ No If YES, enter delivery address below: 4019 N. 17th Street Milwaukee WI 53209- 6916	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

9590 9402 7749 2152 0944 86

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

9589 0710 5270 2941 7725 55

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy)	\$
☐ Return Receipt (electronic)	\$
☐ Certified Mail Restricted Delivery	\$
☐ Adult Signature Required	\$
☐ Adult Signature Restricted Delivery	\$

Postage

\$

Total Postage

\$

Sent To

Street and

City, State, ZIP+4®

Brenda Bell-White
4019 N 17th Street
Milwaukee WI 53209

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9037 See Reverse for Instructions

24 1102