

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:

Thomas Bucholz
FN 171687
2529 S. 61st. Street
Milwaukee, WI 53219



9590 9402 3170 7166 3110 15

2. Article Number (Transfer from service label)

7016 1970 0000 4424 2913

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Amber Bucholz Agent
 Addressee

B. Received by (Printed Name)

Amber Bucholz Agent
 Addressee

C. Date of Delivery

3-31-18

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes

No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

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

elivery

Domestic Return Receipt