
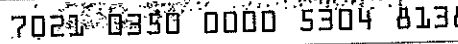


201685

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ 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.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p>
<p>1. Article Addressed to: <i>Dehne Brothers Props 322 W State St Milw WI 53203</i></p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p style="text-align: center;"> 9590 9402 4964 9063 4833 29</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p style="text-align: center;"><small>(Transfer from service label)</small> 7021 0350 0000 5304 7520</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p>
Domestic Return Receipt	

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

201685

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>[Signature]</i></p>
<p>Article Addressed to: <i>Jake Dehne 365 Robbie Court Brookfield, WI 53005</i></p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>Jake Dehne</i> <i>12/13/21</i></p>
<p style="text-align: center;"> 7021 0350 0000 5304 8138</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540