

**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:

*Nelly Denk  
1212 E Burleigh  
Milw WI 53912*

9590 9402 3238 7196 5942 69



2. Article Number: *7017 1450 0000 7569 6839*

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

**COMPLETE THIS SECTION ON DELIVERY**

*18084 - opened*

A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Nelly Denk</i>	<input type="checkbox"/> Addressee
C. Date of Delivery <i>10-29-18</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt