2411103 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. D Agent Print your name and address on the reverse N Х □ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: 🗆 No Christophy Kidd 422 N 15 K St Milw ill 53233 3. Service Type □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Signature Confirmation™ 3. Service 19pe Adult Signature Adult Signature Restricted Delivery Certified Mall® Certified Mall Restricted Delivery 9590 9402 7811 2152 2358 23 Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery 7021 2720 0000 2293 2467 'ail Il Restricted Delivery (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt