

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:

Katrina Turner
2830 N 34th Street
Milwaukee WI 53210
File 240243



9590 9402 9627 5121 4351 39

2. Article Number (Transfer from service label)

9589 0710 5270 2722 8192 02

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name) **C. Date of Delivery**

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

- 3. Service Type**
- ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail
 - ☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

71-42-87680-9852* 6607582025 :DS

RETURN TO SENDER
UNABLE TO FORWARD

52/42/0100

1 DE 055

NIXIN

200 East Wells Street
Milwaukee, WI 53202

9589 0710 5270 2722 8192 02

VAC

Katrina Turner
2830 N 34th Street
Milwaukee WI 53210

US POSTAGE

\$010.44

2025



5321081917 0025

