251027

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:

Michael Lilek
10437 Innovation Dr. Suite 259
Wauwatosa WI 53226

9590 9402 9191 4225 0830 55

2. [illegible] 7021 0950 0002 1564 4653

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kay VanHecke ☒ Agent ☐ Addressee

B. Received by *(Printed Name)*: Kay VanHecke

C. Date of Delive: 10/14/2

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ 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 Restric Delivery
- ☐ Signature Confirmatior
- ☐ Signature Confirmatior Restricted Delivery

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