

190373 amend

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:
 Sarah Koehn
 Meta House Inc.
 2025 W. Weil St
 Milw WI 53212



9590 9402 3238 7196 5926 78

2. Article Number (Transfer from service label)
 7018 2290 0000 6497 6030

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Cindy Butler* Agent Addressee

B. Received by (Printed Name) *Cindy Butler* C. Date of Delivery *7/11/10*

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

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"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

(over \$500) Restricted Delivery Domestic Return Receipt