

221947

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature  
 *Amr K*  Agent  
 Addressee

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

1. Article Addressed to:  
*Joseph Balistreri*  
*Eagles And.*  
*2401 W Wisconsin Ave*  
*Little WI 53233*

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



9590 9402 7440 2055 6194 12

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

7021 2720 0000 2293 3501