á'		200439	
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON D	DELIVERY
- Carlotterrenia	Complete items 1, 2, and 3.  Print your name and address on the reverse	x Co	✓ Agent ✓ Addressee
8	so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
promis	or on the front if space permits.	D. Is delivery address different from	n item 1? I Yes pelow: IZ No
TO STATE OF THE ST	1. Article Addressed to:	If YES, enter de very address	Delow. 21140
and the second second	Mustle Duncary MD 8883 E N. Surn RP	3	
Section Sectio		Ωr	
	Milw W 53224	3. Service Type	☐ Priority Mall Express®
S. SOUTHER		☐ Adult Signature ☐ Adult Signature Restricted Delivery ☑ Certified Mall®	☐ Registered Mail™ ☐ Registered Mail Restricted Delivery
•	9590 9402 4964 9063 4837 70	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	☐ Return Receipt for Merchandise ☐ Signature Confirmation™
	2. 1111 Number (Transfer from service label) 7019 2280 0001 7548 86	The Restricted Delivery	Signature Confirmation Restricted Delivery
Character and or	PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt
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