

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 Hosale
2604 N. Lake Dr.
Milwaukee WI 53211



9500 0400 2238 7196 5928 14

2. Article No. *70*

PS Form 3

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Michael Hosale* Agent Addressee

B. Received by (Printed Name)
Mike Hosale

C. Date of Delivery
6/29/19

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery

Receipt