24008 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signa Complete items 1, 2, and 3. **D** Agent Print your name and address on the reverse X 🖄 Addressee so that we can return the card to you. Date of Delivery BUA Attach this card to the back of the mallpiece, or on the front if space permits. 1. Article Addressed to: D. Ts address different from Itel 6 if 1 品 enter delivery address below No Share Mc Adams Studio m NY8 WW000 Spring St Cedarburg, WI 53012 3015 Cedarburg, Priority Mail Express®
Registered Mail<sup>™</sup> 3. Service Type Adult Signature Adult Signature Restricted Delivery
Certified Mall® D Registered Mall Restricte Delivery □ Signature Confirmation™ □ Signature Confirmation D Certified Mail Restricted Delivery 9590 9402 7811 2152 2362 02 Collect on Delivery tricted Delivery 2. Article Number (Transfer from service label) 7021 2720 0000 2293 0630 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt . . ..