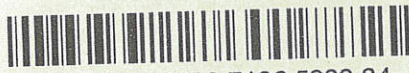


SENDER: COMPLETE THIS SECTION

- 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 **HuschBlackwell**
Attn: Joseph Pickart
555 East Wells Street
Suite 1900
Milwaukee, WI 53202-3819



9590 9402 3238 7196 5939 34

7018 2290 0000 6496 4518

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Beck Schuttan* Agent
 Addressee

B. Received by (Printed Name) **B Schuttan** C. Date of Delivery **3/11**

delivery address different from item 1? Yes
YES, enter delivery address below: No

181604

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

Domestic Return Receipt