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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 X B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to: Carrie Koenig The Bartolotth lests: 520 W McKirler Are Irila WI 53212	D. Is delivery address different from If YES, enter delivery address	
9590 9402 7811 2152 2368 20 2. Article Number (Transfer from service label)	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☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery
7021 2720 0000 2293 0159	all	•
PS Form 3811, July 2020 PSN 7530-02-000-9053	C	Domestic Return Receipt

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