COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Us delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: П No Joseph A. Pickart, Husch Blackwell Attn: Atty. Joseph A. Pickart 555 E. Wells St. #1900 Milwaukee, WI 53202 ☐ Priority Mail Express® 3. Service Type □ Registered MailTM ☐ Adult Signature ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Return Receipt for 9590 9402 3170 7166 3120 36 ☐ Certified Mail Restricted Delivery Merchandise ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Signature Confirmation™ 2. Article Number (Transfer from service label) ☐ Signature Confirmation 4424 7016 1970 0000 Restricted Delivery Delivery