SENDER: COMPLETE THIS SECTION Print your name and address on the reverse COMPLETE THIS SECTION ON DELIVERY 280496 P Received by (Printed Name)
THUAM HAWED A. Signature C. Date of Delivery MENT Agent Addressee

Complete items 1, 2, and 3.

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.

Article Addressed to:

D. Is delivery address different from item 1? (1) Yes
If YES, enter delivery address below: (2) No

3979 W VICTORY CREEK DR UNIVERSAL WHOLESALE LLC FRANKLIN, WI

2. Article Number (Transfer from service label)

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Contified Mail Restricted Delivery

Cortified Mail Restricted Delivery

Collect on Delivery Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
Delivery

☐ Signature Confirmation™
☐ Signature Confirmation
Restricted Delivery

Restricted Delivery

50405

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt