	SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 mailplece,	COMPLETE THIS SECTION ON DEL A. Signature	IVERY ☐ Agent ☐ Addressee
		B. Received by (Printed Name)	C. Date of Delivery
	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from it If YES, enter delivery address be	em 1? Yes ow: No
	Scool Canker Ranlow Stein Inc		
	Rundowl Stein, Inc	Too Too	
	322 E Michigan Sx = 400 Milw W1 53202	3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee)	☐ Yes
	7019 2280 0001 7548 97	57	
	Total Control of the	Return Receipt	102595-02-M-1540
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