the second case of	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Agent
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Katherine D Spitz Wis. Institute for Law & Liberty, Inc	li 120, sinoi dentoi, dadrece poloni
330 E Kilbourn Ave., Suite 725	
Milwaukee WI 53202	
Willwaukee WI 35202	
9590 9402 6952 1104 5670 80	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Signature Confirmation
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery Restricted Delivery Insured Mail
7021 0350 0000 5304 8480	Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A Signature //
Complete items 1, 2, and 3.Print your name and address on the reverse	Agent
so that we can return the card to you.	B. Received by (Printed Name) (C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	MIRITAGEN DEAD
I. Article Addressed to:	D. Is delivery address different from item 17 Yes If YES, enter delivery address below: No
Michael D. Dean	ii 125, enter delivery address below.
Michael D. Dean, LLC	10 12 12 12 12 12 12 12 12 12 12 12 12 12
PO BOX 2545	(E) (E) (S)
Brookfield WI 53008	Vigo GW
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricteu ☐ Delivery
9590 9402 6952 1104 5670 97	☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery Restricted Delivery Insured Mail
021 0350 0000 5304 8466	☐ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	45 · 45
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	Addressee □ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? L. Yes
Dr. Wesley C. Carter, Sr.	If YES, enter delivery address below:
New Restoration Christian Church	
11248 W Mill Rd	
Milwaukee WI 53225	
	3. Service Type □ Priority Mail Express®
	☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail ™ ☐ Registered Mail Restricted
9590 9402 6952 1104 5670 73	☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery ☐ Restricted Delivery
021 0350 0000 5304 8497	□ Insured Mail □ Insured Mail Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	(over \$500)