COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** ■ 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. B. Received by (Printed Name) Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ No Paul Premetz 2231 E Morgan Ave Milwaukee WI 53207 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery □ Registered Mail Restricted □ Registered Mail Restricted □ Pelivery □ Signature Confirmation □ Signature Confirmation Collect on Delivery Collect on Delivery Restricted Delivery Restricted Delivery Addison Number (Transfer from service label) Insured Mail Insured Mail Restricted Delivery (over \$500) 7021 2720 0000 2293 2511 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Mathew Gunderson 5656 S Packard Ave #22 Cudahy WI 53110		
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