·	721379	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON I	DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>	A. Signature  B. Received by (Printed Name)	□ Agent □ Addressee C. Date of Delivery
1. Article Addressed to:  Michelle Linsli  MPS  1124 N 1/4 St  Hilw WI 5323?	D. Is delivery address different from If YES, enter delivery address t	
9590 9402 7811 2152 2374 21  2 7021 2720 0000 2293 027	3. Service Type  Adult Signature  Adult Signature  Adult Signature Restricted Delivery  Certified Mail®  Certified Mail®  Collect on Delivery  Collect on Delivery Restricted Delivery  Insured Mail	☐ Priority Mall Express® ☐ Registered Mall™ ☐ Registered Mall™ Restricter ☐ Privery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053		omestic Return Receipt

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