

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Oli Prpa
W125S8511 County View Ct
Muskego WI 53150



9590 9402 6952 1104 5670 35

2. Article Number (Transfer from service label)

021 2720 0000 2293 2566

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

[Handwritten: Oli Prpa]

C. Date of Delivery

[Handwritten: 2/17/23]

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery