## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 21/23 1. Article Addressed to: ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ No George Lewis 1826 N 19th Street Milwaukee WI 53205 ☐ Priority Mail Express® ☐ Registered Mail™ 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery 9590 9402 7811 2152 2352 29 ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail Restricted Delivery (over \$500) 121 2720 0000 2293 4591 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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