

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:

Patrícia Walia
923 S Layton Blvd
Milwaukee WI 53215
File #220470



9590 9402 7749 2152 0949 98

2. Article Number (Transfer from service label)

7020 0090 0000 0135 9554

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Patrícia Walia*☐ Agent☒ Addressee

B. Received by (Printed Name)

Patrícia Walia

C. Date of Delivery

*7/24*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

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt