

## 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:

Atty. Summer Murshid of Hawks & Quindell  
for Ernest Evans & Letricia Morris  
5120 N Port Washington Road., Suite 243  
Milwaukee WI 53217  
File #230033



9590 9402 7749 2152 0950 01

## 2. Article Number (Transfer from service label)

7020 0090 0000 0135 9561

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery |   |
| Insured Mail   |   |
| Insured Mail Restricted Delivery (over \$500)                    |   |

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

Domestic Return Receipt