	231388	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON I	DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse	A. Signature	□Agent
so that we can return the card to you.	X	Addressee
Attach this card to the back of the mailplece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery.
1. Article Addressed to:	D. is delivery address different from If YES, enter delivery address I	n Item 1?
Wid Kog LLC.	:	
Olid Rock LLC. Ath: Mark Rocker		
3121, W Wis cursin #3		
Milw W/ 53208	3. Service Type ☐ Adult Signature	☐ Priority Mail Express® ☐ Registered Mail™
	☐ Adult Signature Restricted Delivery  G Certified Mail®	☐ Registered Mail Restricted Delivery
9590 9402 7811 2152 2366 39	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Signature Confirmation™ ☐ Signature Confirmation
A Article Niumber (Transfer from service label)	Collect on Delivery Restricted Delivery	Restricted Delivery
7021 2720 0000 2293 41	占 4 Aall Restricted Delivery 0)	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Ĭ	Domestic Return Receipt
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