| | | 23/388 |
|------------|--|--|
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | ■ 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, | A. Signature Addresse B. Received by (Printed Name) C. Date of Deliver |
| | or on the front if space permits. 1. Article Addressed to: 30.7 High land Are, UC 70 Fax 24/19/ | D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No |
| | 10 Box 24/19/ Milw W 53224 | JAN 2024 |
| 4 . | 9590 9402 7811 2152 2366 15 | Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Delivery ☐ Delivery ☐ Signature Confirmation ☐ Signature Confirmation |
| | 7021 2720 0000 2293 4: | 1 B B Delivery Restricted Delivery Restricted Delivery Restricted Delivery |
| | PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receip |
| | | |
| | | |