	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	
	 ■ 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 malipiece, or on the front if space permits. 	A. Signature X	☐ Agent ☐ Addressee ☐ C. Date of Delivery
, , , , , , , , , , , , , , , , , , ,	1. Article Addressed to: Tim Dixter 2432 W Kilboum A Milw W 53233	D. Is delivery address different from	
	9590 9402 7811 2152 2363 94	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☑ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricte Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation
	7021 2720 0000 2293 4	Collect on Delivery Restricted Delivery Thisured Mail Restricted Delivery	Restricted Delivery
	PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receip

.