THE BICHT.	37- 3
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  A Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Mr. David Konle FN 171468 6317 W. Wisconsin Avenue Wauwatosa, WI 53213	Is delivery address different trom item 12 Dives If YES, enter delivery address below:
9590 9402 3170 7166 3111 21	3. Service Type  Adult Signature  Adult Signature Restricted Delivery  Certified Mail®  Certified Mail Restricted Delivery  Collect on Delivery  Collect on Delivery Restricted Delivery  Collect on Delivery Restricted Delivery  Signature Confirmation™
PS Form 3811, July 2015 PSN 7530-02-000-9053	All Restricted Delivery    All Restricted Delivery   Domestic Return Receipt

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