

**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. Ms. Carolyn Byrd  
FN 171594  
2065 S. 57<sup>th</sup> Street  
West Allis, WI 53219



9590 9402 3170 7166 3119 78

2. Article Number (Transfer from service label)

7012 3460 0000 0488 2988

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*A Mc Farland*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Carolyn Byrd*

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

sted Delivery

Domestic Return Receipt