## 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. ADon M. Millis Reinhart, Boerner, Van Deuren 1000 North Water St. Milwaukee, WI 53701



9590 9402 3170 7166 3120 05

2. Article Number (Transfer from service label) 0000 1970 7076

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C\_Date of Delivery ☐ Yes

Is delivery address different from item 1? If YES, enter delivery address below:

П No

3. Service Type ☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail® ☐ Certified Mail Restricted Delivery

☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted

Delivery Return Receipt for Merchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ Restricted Delivery

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

Domestic Return Receipt