

141672 - 0109

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. Article Addressed to:

Travis Lutzney or J. Pascucci

MPS

1124 N 11th St
Milw WI 53233



9590 9402 2289 6225 1775 17

2. Article

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Winifred R. Seifert

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-20-17

- 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

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Return Receipt