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	Marco.	171822-opped
5 (a)	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> </ul>	A. Signature  X. Ale Authors   Agent  Addressee
a a	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
	1. Article Addressed to:	D. Is delivery address different from item 1?   Yes If YES, enter delivery address below:  No
	Midwest Commercial Uro 1521 Warkesha Rd Caledonia W1 53108	0
	Caledonia W 53108	
	9590 9402 3170 7166 3115 58	3. Service Type ☐ Priority Mail Express®☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Registered Mail™☐ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for
	2 7017 1450 0000 7569 547	□ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Signature Confirmation Restricted Delivery
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt