¥	180615	
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  X. Callin C  B. Received by (Printed Name)	Agent Addressee C. Date of Delivery
1. Article Addressed to:  Boxborz Elsnel  1800 N Prospect, R  Milw WI 53202	D. Is delivery address different from If YES, enter delivery address	
9590 9402 2799 7069 1575 07	3. Service Type  ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☑ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label) 7017 1450 0000 7569 6	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail	☐ Signature Confirmation <sup>™</sup> ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-000-	532	Domestic Return Receipt

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