180806	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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: 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Kelly Denk 1212 & Burleigh Link Wt 53212	D. Is delivery address different from Item 1?
9590 9402 3170 7166 3113 50	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery
2 A-Viole Number (Transfer from service label) 7017 1450 0000 7569 673	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Signature Confirmation ☐ Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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