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:  William Bonifas  3400 U. Lalce Dr.  Milw WI 53211	A. Signature  X. Agent Addresses  B. Received by (Printed Name)  C. Date of Delivery  O 2 4 15  If YES, enter delivery address below:
9590 9402 3238 7196 5942 52	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery
2 Article Number (Transfer from service label) 7017 1450 0000 7569 694	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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