| 181793 | | |
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| 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. Article Addressed to: | A. Signature X | ☐ Agent ☐ Addressee ☐ C. Date of Delivery |
| Mike Kinsella/Deb But. Poblocki Sign Company 922 S. 707 St Nilw we 53214 | D. Is delivery address different from If YES, enter delivery address | |
| 9590 9402 3238 7196 5931 01 | 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 |
| | Collect on Delivery Postricted Delivery | ☐ Signature Confirmation™ |