SENDER: COMPLETE THIS SECTION

- 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.

Alice Johnson
FN181698
4449 N 66th street
Milwaukee, WI 53218

9590 9402 3238 7196 5941 91

2. Article Number (Transfer from service label)
7016 1970 0000 4424 4948

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alice Johnson
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Alice Johnson

C. Date of Delivery
4-23-

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

HAMILTON STATION
APR 23 2019
MILWAUKEE WI 53218

3. Service Type
☑ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt