## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece. or on the front if space permits. 1. D. Is delivery address different from item 1? Hupy & Abraham, sc If YES, enter delivery address below: FN 190006 Re: DuWayne D. Criter 111 East Kilbourn Ave, Suite 1100 Milwaukee, WI 53202 Service Type ☐ Priority Mail Express® Adult Signature □ Registered Mail™ ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Certified Mail® Delivery 9590 9402 3170 7166 3110 91 ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise □ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ 2. Article Number (Transfer from service label) ☐ Signature Confirmation 4474 1,970 nnnn Restricted Delivery 7117 ed Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt