

205 CITY HALL
E. WELLS STREET
MILWAUKEE, WISCONSIN 53202

191875

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. Article Addressed to:

*Pro Bu Cells Association
9733 W Greenfield Ave
Milw WI 53214*



9590 9402 4964 9063 4825 37

2. Article Number (Transfer from service label)

7018 2290 0000 6497 7402

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt



7018 2290 0000 6497 7402

*Pro Bu Cells Association
9733 W Greenfield Ave.
Milwaukee WI 53214*

7018 2290 0000 6497 7402

CERTIFIED MAIL® RECEIPT
Domestic Mail Only

OFFICIAL USE

For delivery information, visit our website at www.usps.com

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Sent To \$

Street and Apt. No., or PO Box No. *Pro Bu Cells Assoc - 191875*

City, State, ZIP+4®

Postmark Here *3/18*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions