| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |   |
|--|---|---|
| Complete items 1, 2, and 3.  Print your name and address on the reverse                | A. Signature  | ☐ Agent☐ Addressee  |
| so that we can return the card to you.  Attach this card to the back of the mailpiece, | B. Received by (Printed Name)   | C. Date of Delivery   |
| or on the front if space permits.  1. Article Addressed to:                            | D. Is delivery address different from item 1?  If YES, enter delivery address below:  No  |   |
| Nancy Tawney Bay View Histrial Source 2590 5 Superior St Nolw W1 53207                 |   | *   |
| 9590 9402 4964 9063 4841 11  | 3. Service Type  ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☑ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery | □ Priority Mail Express®     □ Registered Mail™     □ Registered Mail Restricte Delivery     □ Return Receipt for Merchandise     □ Signature Confirmation™ |
| 2. Article Number (Transfer from service label)  | ☐ Collect on Delivery Hestricted Delivery ☐ Signature Confirmation Restricted Delivery  |   |

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