SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON I	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. 1. Article Addressed to: 530 N Wafer, Lh C 1123 S. 254 Q Milw WI 53204-194 	A. Signature B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address	Agent Addressee C. Date of Delivery Item 1? Yes below: No
9590 9402 4964 9063 4840 67 2 Article Number (Transfer from service label) 7019 2280 0001 7548 880	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mall® Certified Mall Restricted Delivery Collect on Delivery Collect on Delivery I all Restricted Delivery	☐ Priority Mall Express®☐ Registered Mall™☐ Registered Mall Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	5)	Domestic Return Receipt