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SENDER: COMPLETE THIS SECTION		A, Signature		
 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, 		XX	(Printed Name)	Agent Addressee C. Date of Delivery
or on the front if space permits. 1. Article Addressed to: 2530 S Superial, UC		D. Is delivery a If YES, ente	ddress different froi r delivery address	m item 1? ☐ Yes below: No
2520 S Superia. UC 2520 S Superin SI Milw WI 53207				
9590 9402 5674 9346 5783 81		Certified Mall Re	rv	☐ Priority Mail Express® ☐ Registered MailI™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise / ☐ Signature Confirmation™
2. Article Number (Transfer 0000 7549 7	393 	all Insured Mail Res (over \$500)	ery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	1			Domestic Return Receipt
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