SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON 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. 	A. Signature X
1. Article Addressed to: Mr. Dale Evers 2552 North 17 th Street Milwaukee, WI 53206	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9402 4964 9063 4832 37	3. Service Type
2. Article Number (Transfer from service label) 7019 2280 0001 7548 8530	Insured Mail Restricted Delivery over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Recei