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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 mallplece, or on the front if space permits. 	A. Signature X M Lell Mar B. Received by (Printed Name)	Agent Addressee C. Date of Delivery
1. Article Addressed to: Mg. Dawn McCcenthy 2569 N Lake Or	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
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9590 9402 3238 7196 5940 61	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Γ	Comestic Return Receipt

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