COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Agent Agent ■ Print your name and address on the reverse Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: ☐ No If YES, enter delivery address below: Hupy & Abraham, S.C. 111 East Kilbourn Avenue, Suite 1100 Milwaukee WI 53202 On behalf of Michael Seidman □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Signature Confirmation™ 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery 9590 9402 6924 1104 5412 09 ☐ Signature Confirmation Restricted Delivery 2. Article Number (Transfer from service label) ured Mail ured Mail Restricted Delivery er \$500) 7021 0350 0000 5304 8824 Domestic Return Receipt PS Form 3811, July 2020 PSN 7530-02-000-9053