## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. ☐ 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, Fegan Budia or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes 1. Article Addressed to: □ No Robert J. Welcenbach, Esq. Welcenbach Law Offices, S.C. 933 N. Mayfair Road, Suite 311 Milwaukee WI 53226 On behalf of Eanda Boyd □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted □ Delivery □ Signature Confirmation™ 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) 9590 9402 6924 1104 5411 93 2. Article Number (Transfer from service label) 7021 0350 0000 5304 8800 Domestic Return Receipt PS Form 3811, July 2020 PSN 7530-02-000-9053