i		75951 7
-	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, 	A. Signature X
	or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	Daryl L. Ohland NTWR Consulting	
	1382 Whippletree Lane	7
	Neenah, WI 54956	
	9590 9402 6953 1104 8622 21	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect On Delivery □ Signature Confirmation □ Signature Confirmation
7	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery sured Mail
	7020 3160 0001 1546 0947	sured Mail Restricted Delivery ver \$500)
1	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt