160	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 Agent Addresse B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
	Article Addressed to: Joseph Pickart	If YES, enter delivery address below: ☐ No
	Whyte Hirschboeck Dudek S.C. 555 East Wells St., Suite 1900 Milwaukee, WI 53202-3819	3. Service Type □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery 4. Restricted Delivery? (Extra Fee) □ Yes
	(Iransfer from service label)	0 0001 3692 6812
	PS Form 3811, July 2013 Domestic Ret	urn Receipt
	CERTIF (Domestic II) For delivery i	tal Service TM FIED MAIL TM RECEIPT Mail Only; No Insurance Coverage Provided) Information visit our website at www.usps.com TOTAL USE Ostage \$, 1/15
	Return Rece (Endorsement Re Restricted Delive (Endorsement Re Total Postage	ery Fee equired)
	or PO	Milwaukee, WI 53202-3819
	PS For	ructions