Chemon		758987
Control Control	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
	1. Article Addressed to:	D. Is delivery address different from item 1?
	Don M. Millis	If YES, enter delivery address below:   No
	Reinhart Boerner Van Deuren S.C.	COM WI
	PO Box 2018	(5) ES (5)
	Madison, WI 53701-2018	US 33 W
		Z Z
	9590 9402 6953 1104 8621 15	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery
	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery  ☐ Restricted Delivery  ☐ Restricted Delivery
	7020 3160 0001 1546 1050	ured Mail Restricted Delivery  9r \$500)
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt