75921 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, or on the front if space permits. 	A. Signature X B. Received by (Printed Name) On Con U	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to: Daryl L. Ohland NTWR Consulting 1382 Whippletree Lane Neenah, WI 54956	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
9590 9402 6953 1104 8621 84 2 Article Number (Transfer from service label) 7020 3160 0001 1546 0985	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Sured Mail Restricted Delivery New \$500)	□ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053		Oomestic Return Receipt