	59362
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X Ref Euro
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
Don M. Millis, Esq,	If YES, enter delivery address below:
Reinhart Boerner Van Deuren, S.C.	(OL) 2
PO Box 2018	(ELADO)E)
Madison, WI 53703	3 2020 To
	100000
	3. Service Type ☐ Priority Mail Express® ☐ Registered Mail [™]
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Certified Mail® ☐ Delivery
9590 9402 5650 9308 9743 50	☐ Certified Mail Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
7017 1070 0000 2974 4690	nsured Mail Restricted Delivery Restricted Delivery over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
	Postal Service™ 59362
CER [*]	TIFIED MAIL® RECEIPT
Domest	ic Mail Only
For delive	ery information, visit our website at www.usps.com®.
T Certified Mail	FFICIAL USE
Certified Mail	Fee 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Extra Services	s & Fees (check box, add fee as appropriate)
Return Rece	eipt (electronic) \$Postmark
☐ ☐ Certified Ma	til Restricted Delivery \$Here
Postago	ture Restricted Delivery \$
r ostage	1 CON CONTRACTORY
\$ Total	Don M. Millio, For
\$ <u>Sent</u> 6	Po Don M. Millis, Esq, Reinhart Boerner Van Deuren, S.C.
Stree	PO Box 2018
City,	Madison, WI 53703
PSR	
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