	75900 T
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 AM-M (Lat Date of Delivery  B. Received by (Printed Name)  C. Date of Delivery  3 Apr 23
1. Article Addressed to:	D. Is delivery address different from item 1?
Don M. Millis Reinhart Boerner Van Deuren S.C. PO Box 2018 Madison, WI 53701-2018	IN TES, enter derivery address below.
9590 9402 6953 1104 8621 39  2. Article Number ( <i>Transfer from service label</i> )	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Signature Confirmation Restricted Delivery
7020 3160 0001 1546 1036	red Mail Restricted Delivery r \$500)
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