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	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) Ohland	☐ Agent ☐ Addressee C. Date of Delivery ☐ ☐ 2 3
	Article Addressed to: Daryl L. Ohland NTWR Consulting 1382 Whippletree Lane	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
	Neenah, WI 54956		
	9590 9402 6953 1104 8621 91	Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery	□ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation
ı	2. Article Number (Transfer from service label) 7020 3160 0001 1546 0978	Collect on Delivery Restricted Delivery d Mail d Mail Restricted Delivery 5500)	Restricted Delivery
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