75948 COMPLETE THIS SECTION ON DELIVERY **SENDER:** COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. 1800 4 WW The same ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, 4-1-23 Ohland or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: Daryl L. Ohland If YES, enter delivery address below: ☐ No NTWR Consulting 1382 Whippletree Lane Neenah, WI 54956 ☐ Priority Mail Express® 3. Service Type □ Registered Mail™
 □ Registered Mail Restricted Delivery
 □ Signature Confirmation
 □ Signature Confirmation ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail® □ Certified Mail Restricted Delivery
 □ Collect on Delivery
 □ Collect on Delivery
 □ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) red Mail red Mail Restricted Delivery r \$500) 7020 3160 0001 1546 0954

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt