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| SENDER: COMPLETE | THIS SECTION | COMPLETE THIS SECTION O | N DELIVERY |
| ■ Complete items 1, 2, and 3. | | A. Signature | ☐ Agent |
| ■ Print your name and address on the reverse so that we can return the card to you. | | X DOD Easth | ☐ Addressee |
| Attach this card to the | | B. Received by (Printed Name) | C. Date of Delivery |
| or on the front if space | e permits. | | |
| 1. Article Addressed to: | | D. Is delivery address different for If YES, enter delivery address | om item 1? |
| Don M. Millis, Esq, Reinhart Boerner Va | n Deuren, S.C. | 1 | |
| PO Box 2018 | | | |
| Madison, WI 53703 | | 1. | |
| | | p ¹ | |
| | | 3. Service Type | ☐ Priority Mail Express® |
| | | ☐ Adult Signature ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ ☐ Registered Mail Restricted |
| 9590 9402 56 | 50 9308 9744 11 | ☐ Certified Mail® ☐ Certified Mail Restricted Delivery | ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise |
| 2. Article Number (Transfer | from service labell | ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delive nsured Mail | y ☐ Signature Confirmation™ ☐ Signature Confirmation |
| 7017 2680 DI | 000 9822 4268 | nsured Mail Restricted Delivery over \$500) | Restricted Delivery |
| PS Form 3811, July 20 | AND DESCRIPTION OF THE PERSON | , | Domestic Return Receipt |
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| | | IFIED MAIL® RECE | |
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| | Extra Services Return Recei | & Fees (check box, add fee as appropriate) pt (hardcopy) | Colo. |
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| | \$6-90 Sent To | Don M. Millis, Esq, Reinhart Boerner Van De | uren, S.C. |
| | Street | PO Box 2018 | |
| 6 | City, S | Madison, WI 53703 | |
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