75817T

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Alan Marcuvitz
Joseph J. Rolling
von Briesen & Roper, s. c.
10 East Doty, Suite 900
Madison, WI 53703

9590 9402 6953 1104 8617 74

2. Article Number *(Transfer from service label)*
7020 3160 0001 1545 9637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sarah M. Dewood ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Sarah Dewood C. Date of Delivery 4-3

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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