	69616 T
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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to: Eric J. Hatchell	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Foley & Lardner LLP	
150 E. Gilman St., Suite 5000	
Madison, WI 53703-1482	
9590 9402 6953 1104 8602 72	3. Service Type
2. Article Number (<i>Transfer from service label</i>) 7020 3160 0001 1546 3054	Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
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