

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

MMSD  
545 W Dayton St  
Madison WI 53703-1967

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
X *[Signature]*

B. Received by (*Printed Name*) C. Date of Delivery  
Christopher 12-6-10

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (*Extra Fee*)  Yes

2. Article Number  
(*Transfer from service label*)

7002 0860 0004 2961 3790