

59001

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
 von Briesen & Roeper, S.C.
 411 E Wisconsin Ave, Suite 1000
 Milwaukee, WI 53202



9590 9402 5650 9308 9743 36

2. Article Number (Transfer from service label)

7017 1070 0000 2974 4720

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Judy Purpora Agent
 Addressee

B. Received by (Printed Name) *Judy Purpora* C. Date of Delivery *4-3-2020*

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053


Domestic Return Receipt

59001

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ <u>2.55</u> Extra Services & Fees (check box, add fees as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.85</u> <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ <u>1.50</u> Total Post \$ <u>6.90</u>	 Postmark Here
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Sent To Alan Marcuvitz
 Street and von Briesen & Roeper, S.C.
 City, State, 411 E Wisconsin Ave, Suite 1000
Milwaukee, WI 53202

PS Form 3811, July 2015 PSN 7530-02-000-9053 See reverse for instructions

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