

59364

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:

Don M. Millis, Esq,
Reinhart Boerner Van Deuren, S.C.
PO Box 2018
Madison, WI 53703



9590 9402 5650 9308 9743 74

2. Article Number (Transfer from service label)

7017 1070 0000 2974 4676

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* Agent Addressee
- B. Received by (Printed Name) *Bob [Signature]* C. Date of Delivery

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



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) | |

Domestic Return Receipt

U.S. Postal Service™ 59364
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee <i>3.55</i>	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ <i>2.85</i>	
<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 <i>1.50</i>	
Total Price \$ <i>6.90</i>	
Sent To <i>Don M. Millis, Esq,</i>	
Street <i>Reinhart Boerner Van Deuren, S.C.</i>	
City, St <i>PO Box 2018</i>	
	<i>Madison, WI 53703</i>

PS Form 3800, April 2015 PSN 7530-02-000-9053

7017 1070 0000 2974 4676