	87116T
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 O 1 all q D Agent D Addressee B. Received by (Printed Name) D. So Sa (q
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Shawn E Lovell Reinhart Boerner Van Deuren s.c. 22 E Mifflin St, Ste 700	
Madison, WI 53703	3. Service Type □ Priority Mail Express®
9590 9402 8253 3094 0283 12	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Cellect on Delivery □ Signature Confirmation™ □ Signature Confirmation
2. Article Number (Transfer from service label) 9589 0710 5270 0160 4771	□ Collect on Delivery Restricted Delivery Restricted Delivery
	10)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at www.usps.com®.	

