			86964 T
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON	I 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. Sosall B. Received by (Printed Name) D. Sosall	C. Date of Delivery
1. Article Addressed to:		D. Is delivery address different from If YES, enter delivery address	
Don M Millis	No. of Street, or other Persons		
Reinhart Boerner Van Deuren s.c.	- 1		
22 East Mifflin St, Ste 700			
Madison, WI 53703			
9590 9402 8253 3094 0285 41		3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery	 □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation
2. Article Number (Transfer from service label)	-7	☐ Collect on Delivery Restricted Deliver sured Mail	y Restricted Delivery
9589 0710 5270 0160 4770	53	sured Mail Restricted Delivery /er \$500)	10
PS Form 3811, July 2020 PSN 7530-02-000-9053			Domestic Return Receipt

U.S. Postal Service

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