


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">X <i>D. Sosalla</i></div> </p> <p>B. Received by (Printed Name) <div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>D. Sosalla</i></div> </p> <p>C. Date of Delivery <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Don M Millis</p> <p>Reinhart Boerner Van Deuren s.c.</p> <p>22 East Mifflin St, Ste 700</p> <p>Madison, WI 53703</p> </div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div>
<p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>9589 0710 5270 0160 4771 76</p> </div>	<p>4. Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
 <p>9590 9402 8253 3094 0283 50</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	

Domestic Return Receipt