

4544
2961
0000
0860
2002

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54



Sent To VICKI WOLF
Street, Apt. or PO Box WEST BEND INSURANCE
 1900 S 18TH AVE
City, State, WEST BEND WI 53095

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

VICKI WOLF
 WEST BEND INSURANCE
 1900 S 18TH AVE
 WEST BEND WI 53095

COMPLETE THIS SECTION ON DELIVERY

4344

A. Signature Agent Addressee
Joel Hausmann

B. Received by (Printed Name) C. Date of Delivery
 JOEL HAUSMANN 4-17-10

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7002 0860 0004 2961 4544