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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 Solution Agent Addressee B. Réceived by (Printed Name) C. Date of Delivery C. Date of Delivery
1. Article Addressed to: Don M Millis Reinhart Boerner Van Deuren s.c. 22 East Mifflin St, Ste 700 Madison, WI 53703	D. Is delivery address different from item 1?
9590 9402 8253 3094 0285 27 2. Article Number (Transfer from service label)	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Ured Mail Restricted Delivery □ Registered Mail Restricted Delivery □ Signature Confirmation Restricted Delivery □ Registered Mail Restricted Delivery □ Signature Confirmation Restricted Delivery
9589 0710 5270 0160 4773 12 PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
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