

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Shawn E Lovell
Reinhart Boerner Van Deuren s.c.
22 E Mifflin St, Ste 700
Madison, WI 53703



9590 9402 8253 3094 0284 73

2. Article Number (Transfer from service label)

9589 0710 5270 0160 4772 99

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

D. Sosalla
B. Received by (Printed Name)
D. Sosalla

☐ Agent
☐ Addressee

C. Date of Delivery

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

3. Service Type

- | | |
|---|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Collect on Delivery Restricted Delivery | |
| ☐ Insured Mail | |
| ☐ Registered Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$ 4.85

Extra Services & Fees (check box, add fees as appropriate)

- | | |
|--|---------|
| ☐ Return Receipt (hardcopy) | \$ 4.10 |
| ☐ Return Receipt (electronic) | \$ |
| ☐ Certified Mail Restricted Delivery | \$ |
| ☐ Adult Signature Required | \$ |
| ☐ Adult Signature Restricted Delivery | \$ |

Postage

\$.69

Total Postage

\$ 9.64

Sent To

Shawn E Lovell

Street address

Reinhart Boerner Van Deuren s.c.

City, State

22 E Mifflin St, Ste 700
Madison, WI 53703

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions