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0918/0 95180015⊕ y	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 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. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
	1. Article Addressed to:	If YES, enter delivery address below: ☐ No
	Joseph Pickart Whyte Hirschboeck Dudek S.C. 555 East Wells St., Suite 1900 Milwaukee, WI 53202-3819	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
		4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number 7009 0080 0001 3692 6836 (Transfer from service	
	PS Form 3811, July 2013 Domestic Re	turn Receipt
	CERTI (Domestic	Stal Service TM FIED MAIL TM RECEIPT Mail Only; No Insurance Coverage Provided)
		information visit our website at www.usps.com⊕
		Postage \$. 4/83
	Return Rec	equired) 2,00
	Restricted Deliv (Endorsement Restricted Total Posterior	equired) 6.735
	Sent 1 Street, or PO City, S	Joseph Pickart Whyte Hirschboeck Ducek S.C. 555 East Wells St., Suite 1900 Milwaukee, WI 53202-3819
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