81851 T

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	4.15
Extra Services & Fees *(check box, add fee as appropriate)*	
☐ Return Receipt (hardcopy)	$ 2.65
☐ Return Receipt (electronic)	$
☐ Certified Mail Restricted Delivery	$
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	.64
Total Po	8.69

MADISON WI 53707 MAR 27 2024 USPS MOWU

Postmark Here

Sent To Scott Matthews, owner

Street a 5324 Loruth Terrace

City, Sta Madison, WI 53711

PS Form 3800, April 2015 ... ructions

7020 3160 0001 1546 1166

81851 T

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:

Scott Matthews, owner
5324 Loruth Terrace
Madison, WI 53711

9590 9402 8251 3094 9917 00

2. Article Number *(Transfer from service label)*
7020 3160 0001 1546 1166

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Scott Matthews ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Scott Matthews C. Date of Delivery 03-30-24

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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