| Va   | 87135 T  |
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| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
| <ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  X  D Jall G Agent  Addressee  B. Réceived by (Printed Name)  C. Date of Delivery  C. Date of Delivery  |
| 1. Article Addressed to:  Don M Millis   | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No   |
| Reinhart Boerner Van Deuren s.c.  22 East Mifflin St, Ste 700  Madison, WI 53703   |  |
| 9590 9402 8253 3094 0284 97  2. Article Number (Transfer from service label)  9589 0710 5270 0160 4773 29  | 3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Signature Confirmation □ Restricted Delivery □ Signature Softing □ Restricted Delivery □ Signature Confirmation □ Restricted Delivery □ Signature Softing □ Restricted Delivery □ Signature Confirmation □ Restricted Delivery □ Signature Softing □ Registered Mail TM □ |
| PS Form 3811, July 2020 PSN 7530-02-000-9053   | Domestic Return Receipt  |
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