

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:

WFCM2013LC12-WI CPM LLC
 C T Corporation System
 8020 Excelsior Dr. Suite 200
 Madison, WI 53717



9590 9402 5650 9308 9744 59

2. Article Number (Transfer from service label)

7017 2680 0000 9822 4305

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent
 Addressee

B. Received by (Printed Name)

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
- 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
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™ 59371
CERTIFIED MAIL® RECEIPT 2/2
Domestic Mail Only

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

OFFICIAL USE

7017 2680 0000 9822 4305

Certified Mail Fee \$ 3.55

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

Return Receipt (hardcopy) \$ 2.85

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ 1.50

Postmark Here

Total \$ 6.90

Sent 6.90 WFCM2013LC12-WI CPM LLC
 C T Corporation System
 8020 Excelsior Dr. Suite 200
 Madison, WI 53717

PS F

Instructions