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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
<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 Am Mulet  B. Received by (Printed Name)  Da Mrs Markey	☐ Agent ☐ Addressee  C. Date of Delivery  3 / Appr 23
Article Addressed to:     Don M. Millis	D. Is delivery address different from it If YES, enter delivery address bel	
Reinhart Boerner Van Deuren S.C. PO Box 2018 Madison, WI 53701-2018	MADISON MILE	
9590 9402 6953 1104 8620 30  2. Article Number (Transfer from service label)	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery	Priority Mail Express® Registered Mail™ Registered Mail Restricte Delivery Signature Confirmation™ Signature Confirmation Restricted Delivery
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PS Form 3811, July 2020 PSN 7530-02-000-9053	Dor	nestic Return Receipt