

75874 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:

Don M. Millis
 Reinhart Boerner Van Deuren S.C.
 PO Box 2018
 Madison, WI 53701-2018



9590 9402 6953 1104 8619 89

2. Article Number (Transfer from service label)

7020 3160 0001 1545 9316

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jim McNeil*

- Agent
- Addressee

B. Received by (Printed Name)

James Winters

C. Date of Delivery

3 Apr 23

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

Domestic Return Receipt