

## 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.  
22 East Mifflin St, Ste 700  
Madison, WI 53703



9590 9402 8253 3094 0285 34

## 2. Article Number (Transfer from service label)

9589 0710 5270 0160 4773 36

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *D. Sosalla*

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*D. Sosalla*

## 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

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

☐ Registered Mail Restricted Delivery  
(\$500)

Domestic Return Receipt

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

## Certified Mail Fee

\$ *4.85*

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

- ☐ Return Receipt (hardcopy) \$ *4.10*  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

## Postage

\$ *1.69*

## Total Postage

\$ *9.64*

## Sent To

## Street and

## City, State

Don M Millis  
Reinhart Boerner Van Deuren s.c.  
22 East Mifflin St, Ste 700  
Madison, WI 53703



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