		87119 T
1	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 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. 	A. Signature X
	1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes
	Don M Millis	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 0283 43	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Signature Confirmation Signature Confirmation
	2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery Restricted Delivery
-	,9589,0710,5270,0160 4771 (red Mail Restricted Delivery r \$500)
	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt
	U.S. Pos	tal Service [™] 8>1/9 T

