	69666T
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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
Article Addressed to:	D. Is delivery address different from item 1?  If YES, enter delivery address below:
Don M. Millis Reinhart Boerner Van Deuren S.C. PO Box 2018 Madison, WI 53701-2018	TO COLOR OF THE PARTY OF THE PA
9590 9402 6953 1104 8605 55  2. Article Number (Transfer from service label) 7020 3160 0001 1546 2774	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Isured Mail Restricted Delivery □ Signature Confirmation Restricted Delivery □ Signature Confirmation Restricted Delivery
1000 0000 0000	- (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt