|         |  | 69658T   |
|---------|--|--|
|         | 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  |
|         | 1. Article Addressed to:  Don M. Millis  | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No   |
|         | Reinhart Boerner Van Deuren S.C.   | (3)  |
|         | PO Box 2018  | STOR 62 HAY SE   |
|         | Madison, WI 53701-2018   | \$ ZZZZZ 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
|         |  |  |
|         | 9590 9402 6953 1104 8605 00  | 3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Signature Confirmation™ |
|         | 2. Article Number (Transfer from service label)  | ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery Restricted Delivery   |
| 1       | 7020 3160 0001 1546 2828   | ☐ Insured Mail  ad Mail Restricted Delivery  \$500)  |
| 0 00 00 | PS Form 3811, July 2020 PSN 7530-02-000-9053   | Domestic Return Receipt  |
|         |  |  |
|         |  |  |
|         |  |  |
|         |  |  |
|         |  |  |