			696547
	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 B. Received by (Printed Name) GREG KUE HU	☐ Agent ☐ Addressee C. Date of Delivery
	1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: □ No	
	Don M. Millis Reinhart Boerner Van Deuren S.C. PO Box 2018 Madison, WI 53701-2018		da Capito
	9590 9402 6953 1104 8604 63 2. Article Number (Transfer from service label) 7020 3160 0001 1546 2866	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery I Collect on Delivery Restricted Delivery Id Mail Id Mail Restricted Delivery	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricter Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐
5	PS Form 3811, July 2020 PSN 7530-02-000-9053		Oomestic Return Receipt