	69650T
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> <li>Article Addressed to:         <ul> <li>Don M. Millis</li> <li>Reinhart Boerner Van Deuren S.C.</li> </ul> </li> <li>PO Box 2018</li> </ul>	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  Pants  C. Date of Delivery  Pants  D. Is delivery address different from item 1?  If YES, enter delivery address below:
Madison, WI 53701-2018	TW B
9590 9402 6953 1104 8604 25	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery Restricted Delivery
7020 3160 0001 1546 2903	ared Mail Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt