

75895 T

**SENDER: COMPLETE THIS SECTION**

- 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.

**1. Article Addressed to:**

Don M. Millis  
 Reinhart Boerner Van Deuren S.C.  
 PO Box 2018  
 Madison, WI 53701-2018



9590 9402 6953 1104 8620 85

**2. Article Number (Transfer from service label)**

7020 3160 0001 1546 1081

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Sam Winters*  Agent  
 Addressee

B. Received by (Printed Name) *Sam Winters* C. Date of Delivery *3 Apr 23*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt