

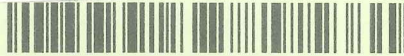
75893 T

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 61

2. Article Number (Transfer from service label)

7020 3160 0001 1546 1104

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James M. Water* Agent
 Addressee

B. Received by (Printed Name)

James Water

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

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt