

75817T

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:

Alan Marcuvitz
 Joseph J. Rolling
 von Briesen & Roper, s. c.
 10 East Doty, Suite 900
 Madison, WI 53703



9590 9402 6953 1104 8617 74

2. Article Number (Transfer from service label)

7020 3160 0001 1545 9637

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sarah M. DeWitt Agent
 Addressee

B. Received by (Printed Name)

Sarah DeWitt **C. Date of Delivery**
 4-3

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