

75819 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:**

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



9590 9402 6953 1104 8617 98

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

7020 3160 0001 1545 9613

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Jarah M. Duxford*  Agent  
 Addressee

B. Received by (Printed Name) *Sarah Duxford* C. Date of Delivery *4-7*

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                            |   |

Registered Mail Restricted Delivery (over \$500)