SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X Agent Addressee
so that we can return the card to you.	B. Received by Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	4-7-21
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Douglas Pessefall, Esq. Reinhart Boerner Van Deuren S.C. 1000 N. Water St., Suite 1700	
Milwaukee, WI 53202	
9590 9402 5650 9308 9736 12	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Priority Mail Express® ☐ Registered Mail™☐ Registered Mail™☐ ☐ Registered Mail Restricted Delivery ☐ Cellect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7017 2680 0000 9822 8136	☐ Insured Mail ☐ Signature Confirmation ☐ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500) Domestic Return Receipt
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	
CERT	ostal Service [™] S♥Y~> FIFIED MAIL® RECEIPT / ₂ c Mail Only
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-D \$	
TU Total Pg	Douglas Pessefall, Esq.
Sent To	Reinhart Boerner Van Deuren S.C.
Street a	1000 N. Water St., Suite 1700 Milwaukee, WI 53202
City, Sti	
PS Fori	,p 2010 1011 1000 02 000 00 11 000 1100 100

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