

**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:

Ruth Ann Olson  
 45030 Ericka's way  
 Medford, WI 54451



9590 9402 6229 0265 3224 83

2. Article Number (Transfer from service label)

7020 3160 0000 0703 7875

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Hope Miller (daughter)*  Agent  
 Addressee

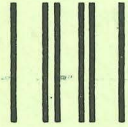
B. Received by (Printed Name) *Hope Miller* C. Date of Delivery *1/14/23*

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 checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input checked="" 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 |                                                                     |

Domestic Return Receipt

USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 6229 0265 3224 83

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

WDNR  
ATTN: Carrie Foltz  
107 Sutuff Avenue  
Rhinelander, WI  
54501

