

**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:

Trent Sprague  
13195 S State Hwy 35  
Dairyland WI 54830



9590 9402 3517 7275 4995 88

JAN 20 11 PM 5

Article Number (Transfer from service label)

7017 1450 0000 9447 8539

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*A Kern*

Agent

Addressee

B. Received by (Printed Name)

*A Kern*

C. Date of Delivery

*1/13/21*

D. Is delivery address different from item 1?  Yes

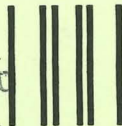
If YES, enter delivery address below:  No

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
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING#



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

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**United States  
Postal Service**

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

Carrie Stoltz  
DNR  
107 Sutliff Ave  
Rhinelander WI 54501

