

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature
 X *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name) *Mindy Vind...* C. Date of Delivery *1/13/13*

1. Article Addressed to:
*Barbara Feehrer
 135126 Halder Drive
 Mosinee WI 54455*

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

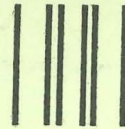


9590 9402 5175 9122 9719 28

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 type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

2. Article Number (Transfer from service label)
 7018 0360 0001 1416 1571

USPS TRACKING#



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

953 9402 5175 9122 9719 28

United States
Postal Service

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

W DNR
473 Griffith Ave
WI Rapids WI 54494

RECEIVED

WI Dept of Natural Resources

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FEB 06 2023

Wisconsin Rapids Service Center

