

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:

Patrick Volk
P.O. Box 772
Three Lakes, WI
54562



9590 9402 6229 0265 3224 76

2. Article Number (Transfer from service label)

7020 3160 0000 0703 7882

COMPLETE THIS SECTION ON DELIVERY

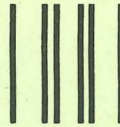
A. Signature
 Nancy Volk Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
NANCY VOLK 1/12/23

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 | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

USPS TRACKING#



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

9590 9402 6229 0265 3224 76

United States
Postal Service

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

WPNR
ATTN: Carrie Stoltz
107 Sutliff Avenue
Kishwaukee, WI
54501

334907

