COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Received by (Please Print Clearly) ■ Complete items 1, 2, and 3. Also complete B. Date of Delivery item 4 if Restricted Delivery is desired. Corinne L. Babe Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. ☐ Yes Lisa C. Paul Attorney At Law 309 North Water Street, Suite 160 CONAL WEAR PROCESS MERK U.S. ENVIRON PREWIT REPEIPT for Merchandise Milwaukee, Wisconsin 53202 PROTECTION PARTERICY ISCA-05-2010-006 ☐ Yes 4. Restricted Delivery? (Extra Fee) 7001 0320 0006 0188 0345 (Transfer from service label) PS Form 3811, Marsh 2001 Domestic Return Receipt 102595-01-M-1424



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