

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Wilfredo and Rosemary Fuentes  
 3063 North Humboldt Boulevard  
 Milwaukee, Wisconsin 53212

TSCA-05-2010-0012

2. Article Number

(Transfer from service label)

7009 1680 0000 7667 2290

PS Form 3811, March 2009

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

Rosemary Fuentes 6-17-10

C. Signature

x Rosemary Fuentes

Agent

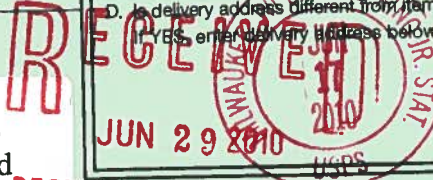
Addressee

D. Is delivery address different from item 1?

YES, enter delivery address below:

Yes

No



3. Service Type

Registered Mail

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-01-M-1424