SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the card Attach this card to the back o or on the front if space permit 	desired. on the reverse it to you. If the mailpiece,	A. Signature X. Signature D. Received by Printed Name) D. Is delivery address different from item 1? Agent Addressee C. Date of Delivery
Article Addressed to:		If VES opter delivery address below: No
Sartori Compa 107 North Plea Plymouth, WI	sant Viev	☐ Certified Mail ☐ Express Mail
		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
		4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	7011 29	70 0000 0880 6139
PS Form 3811, February 2004	Domestic R	eturn Receipt 102595-02-M-1540