

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<div>■ Complete items 1, 2, and 3.</div> <div>■ Print your name and address on the reverse so that we can return the card to you.</div> <div>■ Attach this card to the back of the mailpiece, or on the front if space permits.</div>		<div>A. Signature X <i>John C. Doucette</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div> <div>B. Received by (Printed Name) <i>John C. Doucette</i></div> <div>C. Date of Delivery</div>	
1. Article Addressed to: DEPARTMENT OF ADMINISTRATION MUNICIPAL BOUNDARY RENEW PO BOX 1645 MADISON, WI 53701-1645		D. Is delivery address different from item 1? If YES, enter delivery address below: <div></div>	
<div></div> <div>9590 9402 4388 8190 4222 14</div>		<div>3. Service Type</div> <div><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</div> <div><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</div>	
2. Article Number (Transfer from service label) 7015 0640 0001 9393 8343			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	