## 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:
- NH Laterille, LC Go Equity management
- ngaolakeville Blvd.
- Lakeville, MN 55044
  - 9590 9402 7362 2028 8381 40
- 2. Article Number (Transfer from service label) 7022 0410 0000 7890

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

If YES, enter delivery address below:

Agent ☐ Addressee

C. Date of Delivery

☐ Yes D. Is delivery address different from item 1?

□ No

3. Service Type □ Adult Signature

Adult Signature Restricted Delivery Certified Mail®

Certified Mail Restricted Delivery ☐ Collect on Delivery Collect on Delivery Restricted Delivery

Mail Restricted Delivery

☐ Priority Mail Express® ☐ Registered Mail™

☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt



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

9590 9402 7362 2028 8381 40

United States Postal Service

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

City of Racine Claim Office of the City Clerk 730 Washington Ave Rm 103 Racine, WI 53403

