

Firm Mailing Book For Accountable Mail



Name and Address of Sender

MC ENF M RUIZ
 TEXAS DEPARTMENT OF INSURANCE
 1601 CONGRESS AVENUE, SUITE 6 900
 AUSTIN TX 78711

ENF

USPS Tracking/Article Number

9214 8901 9403 8304 0541 90

MERIDA/29997

Check type of mail or service

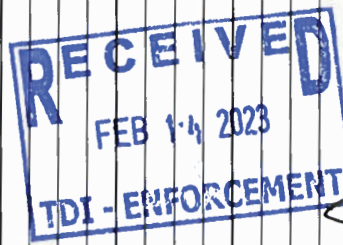
- Adult Signature Required
- Adult Signature Restricted Delivery
- Certified Mail
- Certified Mail Restricted Delivery
- Collect on Delivery (COD)
- Insured Mail
- Priority Mail
- Priority Mail Express
- Registered Mail
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Confirmation Restricted Delivery

Addressee (Name, Street, City, State, & ZIP Code™)

SO HEE LIM
 8126 PITKIN RD
 FRISCO, TEXAS 75036

Affix Stamp Here
 (for additional copies of this receipt).
 Postmark with Date of Receipt.

Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
0.84	4.15	Handling Charge - If Registered and over \$50,000 in value				Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling



Postmaster: Per (Name of receiving employee)

Total Number of Pieces Listed by Sender: 1

Total Number of Pieces Received at Post Office

Complete in Ink

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