



Name and Address of Sender
MC ENF M RUIZ
TEXAS DEPARTMENT OF INSURANCE
1601 CONGRESS AVENUE, SUITE 6.900
AUSTIN TX 78711

- 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

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

USPS Tracking/Article Number

1. 9214 8901 9403 8303 1998 78

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

CHADLEY RAY HOLLAND
1440 CARROLLTON PKWY 21312
CARROLLTON, TEXAS 75010

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

2023-7858

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
1.08	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

Total Number of Pieces Listed by Sender

1

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)