







































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

- 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

USPS Tracking/Article Number

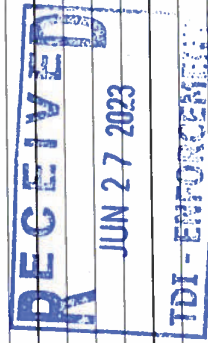
- 9214 8901 9403 8320 1241 43  
 WHITE/31646
- 9214 8901 9403 8320 1242 66
- 9214 8901 9403 8320 1243 72

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

RAVEN LOUPE  
 42 TAUPEWOOD PLACE  
 CONROE, TEXAS 77384  
 RAVEN LOUPE  
 9101 HOUMA HIGHLANDS CT  
 HOUMA, LOUISIANA 70360  
 RAVEN LOUPE  
 366 MONARCH DR. #A  
 HOUMA, LOUISIANA 70364

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								2.10			
0.84	4.15								2.10			
0.84	4.15								2.10			
		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: 3  
 Total Number of Pieces Received at Post Office: 3

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Complete in Ink