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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.

2023-8145

Table with columns: USPS Tracking/Article Number, Postage, (Extra Service) Fee, Handling Charge, Actual Value, Insured Value, Due Sender if COD, ASR Fee, ASRD Fee, RD Fee, RR Fee, SC Fee, SCRD Fee, Special Handling. Includes address: SARAFINA ULIANA JAMES, 7255 DWARF PALM, SAN ANTONIO, TX 78218-6066.

Total Number of Pieces Listed by Sender: 1
Total Number of Pieces Received at Post Office: 1
Postmaster, Per (Name of receiving employee)