



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

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

1. 9214 8901 9403 8324 0412 00

TIGUE/30823

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

KAMIKA S. HAYES GRAHAM
529 MADRONE TRL.
FORNEY, TEXAS 75126-0056

Affix Stamp Here

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

2023-8184

Table with columns: 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, S Fee. Includes a 'Handling Charge - if Registered and over \$50,000 in value' row.

Total Number of Pieces Listed by Sender: 1

Total Number of Pieces Received at Post Office: 1

Postmaster, Per (Name of receiving employee)