







































Firm Mailing Book For Accountable Mail

Name and Address of Sender

MC 110-1A M RUIZ
TEXAS DEPARTMENT OF INSURANCE
333 GUADALUPE ST
AUSTIN TX 78701

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 8380 9773 76

RICKETTS/29472

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

JAMAR D. PERRY
2119 WESTHEIMER RD. APT. 1400
HOUSTON, TX 77098-0019

Affix Stamp Here

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

2022-7428

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, ST Fee. Includes a large 'EXHIBIT D' stamp.

Total Number of Pieces Listed by Sender: 1

Total Number of Pieces Received at Post Office

Postmaster, Per (Name of receiving employee)