







































Firm Mailing Book For Accountable Mail

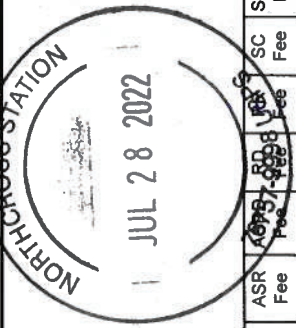
2022-7512

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

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



USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Postage	(Extra Service) Fee	Handling Charge - if Registered and over \$50,000 in value	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	Signature Confirmation Fee	Return Receipt Fee	Signature Confirmation Restricted Delivery Fee	SH Fee
1. 9214 8901 9403 8384 3862 80 ANDREWS/29218	XYAVIER JAMAL WALKER 10000 WALNUT ST APT 2038 DALLAS, TX 75243	0.81	4.00							2.00		
2. 9214 8901 9403 8384 3863 65	XYAVIER JAMAL WALKER 4250 NORTH FWY FORT WORTH, TX 76137	0.81	4.00							2.00		
3. 9214 8901 9403 8384 3870 65	XYAVIER JAMAL WALKER 1317 BEARD ST MONROE, LA 71201	0.81	4.00							2.00		
				Handling Charge - if Registered and over \$50,000 in value				Adult Signature Required	Adult Signature Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery

**RECEIVED**  
 JUL 29 2022  
**TDI - ENFORCEMENT**

Total Number of Pieces Received at Post Office: 3  
 Total Number of Pieces Listed by Sender: 3

Postmaster, Per (Name of receiving employee)  
 Complete in Ink