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COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: 060466-TI	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Touch-Tel USA, LLC 5444 Westheimer Road, Suite 1535 Houston, TX 77056-5395	
	3. Service Type SCertified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
PSC-06-0701-CO-TI	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7005 1160 0003 6769 6667 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Retu	urn R eceipt 102595-02-M-1540

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