

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none">■ 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 mailpiece, or on the front if space permits. | A. Signature <input checked="" type="checkbox"/> <i>Jane Goodnow</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: <i>Dkt: 110000-CT</i> <i>Document Numbers: 0173-13</i> <i>and 12317-12</i> | B. Received by (Printed Name) <i>Jane Goodnow</i> C. Date of Delivery <i>5-12</i> |
| Bethany M. Becker Regulatory Compliance Paralegal Global Capacity, LLC 1835-B Kramer Lane, Suite 100 Austin, TX 78758 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number (Transfer from service label) | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| PS Form 3811, February 2004 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| 7006 0100 0003 1097 3348 | |
| Domestic Return Receipt 102595-02-M-1540 | |

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2016 MAY 16 AM 9:07
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CLERK