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COMMISSION CLERK

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 Complete items 1,2, and 3. 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. Article Addressed to: DFT #: 20150009-ET 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 17 Yes 7 Yes 7 Yes 7 Yes 7 Yes
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9590 9402 6460 0346 1641 67 2. Article Number (Transfer from service label)	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail
7017 1000 0000 4194 3430 PS Form 3811, July 2020 PSN 7530-02-000-9053	Insured Mall Restricted Delivery (over \$500)
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