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COMMISSION
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">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.	<p>A. Signature <input checked="" type="checkbox"/> <i>Beverly Hall</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
1. Article Addressed to: <div data-bbox="365 808 690 989" style="border: 1px solid black; padding: 5px; margin: 5px 0;">20210080-TC PSC-2021-0200-CO-TC Corrections Communications, Inc. Mr. James H. White 229 McKenzie Avenue Panama City FL 32401-3128</div>	<p>B. Received by (Printed Name) <i>Beverly Hall</i> C. Date of Delivery <i>6-7-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 6460 0346 1639 55	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7017 1000 0000 4194 3850	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt