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1. Article Addressed to: <div data-bbox="402 691 699 861" style="border: 1px solid black; padding: 5px; margin: 5px 0;">20210077-TX PSC-2021-0197-CO-TX Vector Axis Florida LLC George Moreno 2332 Galiano Street, 2nd Floor Coral Gables FL 33134</div>	B. Received by (Printed Name) <i>[Handwritten: Vector Axis]</i>	C. Date of Delivery <i>[Handwritten: 6/7/21]</i>
 9590 9402 6460 0346 1640 75	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) 7017 1000 0000 4194 4321	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt