ALCENED TOO

2821 AUG 15 AM 10: 23

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Dkt 20200258-TX DNs 13509-2020, 00191-2021, 01343-2021, 01345-2021	D. Is delivery address different from If YES, enter delivery address	
MR. DAVID ZAHKA TOUCH BASE COMMUNICATIONS 3535 STATE HIGHWAY 66, STE 77 NEPTUNE, NJ, 07753	-	
9590 9402 6460 0346 1575 03	3. Service Type Adult Signature Adult Signature Restricted Delivery Contined Mail® Certified Mail Restricted Delivery Collect on Delivery	□ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation
2. Article Number (Transfer from service label) 7017 1000 0000 4194 3621	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt