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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. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X |
| 1. Article Addressed to: PSC-2023 - 0/69-C0-TX 2023 tots 6 EN 03362-2023 SQE, LLC 16 Middle Street, 4th Floor Portland ME 04101-5161 | D. Is delivery address different from item 17 Yes If YES, enter delivery address below: No |
| 9590 9402 6460 0346 0140 11 2. Article Number (Transfer from service label) 7020 2450 0001 8211 4609 | 3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail □ red Mail Restricted Delivery □ Signature Confirmation □ Restricted Delivery □ Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Signature Confirmation □ Signat |
| PS Form 3811, July 2020 PSN 7530-02-000-9053 | Domestic Return Receipt |