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COMMISSION  
CLERK

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<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Michael R. Mendes</i> <input type="checkbox"/> Addressee</p>
1. Article Addressed to:	<p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> C. Date of Delivery <i>Michael R. Mendes</i> <i>05/10/24</i></p>
<p>Mr. Gadi Hus Faster.IO, Inc. 500 Green Road Pompano Beach FL 33064-8902 <i>PSC-2024-0143-PAA-TX</i> DN 02749-2024 Dkt # 20240077-TX</p>  <p>9590 9402 6460 0346 0145 78</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>
2. Article Number ( <i>Transfer from service label</i> )	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)</p>
7020 2450 0001 8211 4517	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt