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COMMISSION

GLEN	if	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON I	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. Signerative X B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
Article Addressed to:	D. Is delivery address different from If YES, enter delivery address in	n item 1? Yes below: No
Docket 201900101-TX Total Marketing Concepts, LLC Andrew Dorko 4395 St. Johns Parkway Sanford FL 32771-6381		
9590 9402 3287 7196 4731 19	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Cellect on Delivery	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandiss☐ Signature Confirmation™
2. Article Number (Transfer from service label) 7017 1000 0000 4194 40	Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

PSC-2019-0169-PAA-TX