A CHIVED FIRST

11 SEP -1 AM 9:33

COMMISSION CLERK

The state of the s	The state of the s
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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Dkt 20170000-QT DN 04132-2017 MS. HEATHER KIRBY TELE CIRCUIT 1725 WINDWARD CONCOURSE, STE 150	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9402 6460 0346 1573 12 2. Article Number Wransfer from continue 154 3812	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Insured Mail □ Insured Mail Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt