

RECEIVED-FPSC

2025 MAY 22 AM 10:34

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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>		<b>A. Signature</b> <b>X</b> <i>C 19 3060</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;">Jesus Calderas Opextel LLC d/b/a Alodiga 175 S.W. 7th Street, Suite 1909 Miami FL 33130-2952 PSC-2025-0153-PAA-TX DN 03485-2025 Dkt #20250064</div>  9590 9402 6460 0346 0127 89		<b>B. Received by (Printed Name)</b>	<b>C. Date of Delivery</b>
<b>2. Article Number (Transfer from service label)</b> 7020 1290 0000 7278 8340		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>45 / 12/25</i>	
		<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	