

6. On the December 29, 2016, the fine was paid in full.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that suspension of Bret Todd's bail bond license is hereby lifted.

WITNESS My Hand and Official Seal this 9th day of January, 2017.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

A handwritten signature in black ink that reads "James A. Mills".

James A. Mills
Chief of Staff
Oklahoma Insurance Department

CERTIFICATE OF MAILING

I, Barron B. Brown, hereby certify that a true and correct copy of the above and foregoing *Order Lifting Suspension* was mailed by certified mail, with postage prepaid and return receipt requested, on this 9th day of January, 2017, to:

Bret Todd
313 State St.
Muskogee, Oklahoma 74401-6350

and a copy was delivered by electronic mail to:

Anna Denman
Bail Bond Division

A handwritten signature in black ink that reads "Barron B. Brown".
Barron B. Brown
Assistant General Counsel

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE



Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To _____

Street and Apt. No., or PO Box _____

City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9053

Brett Todd
 313 State St.
 Muskogee, OK 74401-6350
sms/16-0492-DIS/Ord

7016 0910 0000 8401 6933

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Brett Todd
 313 State St.
 Muskogee, OK 74401-6350
sms/16-0492-DIS/Ord

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

[Handwritten Signature]

B. Received by (Printed Name) *Terrell Whitsonhaut*

C. Date of Delivery *1-11-17*

Is delivery address different from item 1? Yes No

If Yes, enter delivery address below: _____

OKLAHOMA INSURANCE DEPARTMENT
 JAN 18 2017
 Legal Division

2. Article Number (Transfer from service label)

7016 0910 0000 8401 6933

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery (over \$500)

Insured Mail Restricted Delivery (over \$500)