**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:

U.S. Attorneys Office
Civil Division
601 NW Loop 410, Suite 600
San Antonio, TX 78216

9590 9402 8245 3094 8736 85

2. Article Number *(Transfer from service label)*

9589 0710 5270 2121 5145 24

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☑ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

01/20/26

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type

- ☑ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #

SAN ANTONIO TX 780
20 JAN 2026 PM 3 L

9590 9402 8245 3094 8736 85

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

RECEIVED

JAN 22 2026

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY _____ DEPUTY CLERK

• Sender: Please print your name, address, and ZIP+4® in this box•

SCREENED BY CSO'S

Clerk, U S. District Court
501 W 5th Street, Suite 1100
Austin, Texas 78701

1:26-cv-33