ER: COMPLETE THIS SECTION

- plete items 1, 2, and 3.
- t your name and address on the reverse that we can return the card to you.
- ach this card to the back of the mailpiece, n the front if space permits.

e Addressed to:

Attorneys Office
Division
NW Loop 410, Suite 600
Antonio, TX 78216

9590 9402 8245 3094 8631 98

cle Number *(Transfer from service label)*

5589 0710 5270 2121 5151 70

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☑ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
01/26/26

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
- ☐ Mail
- ☐ Mail Restricted Delivery
- 00)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

orm 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING #

SAN ANTONIO TX 780
2 PM 4 L

9590 9402 8245 3094 8631 98

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

United States
Postal Service

RECEIVED
FEB 02 2026
CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY _____ DEPUTY CLERK

SCREENED BY USPS
FEB 02 2026

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

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

1:26-cv-103

78701-3