

Complete items 1, 2, and 3.

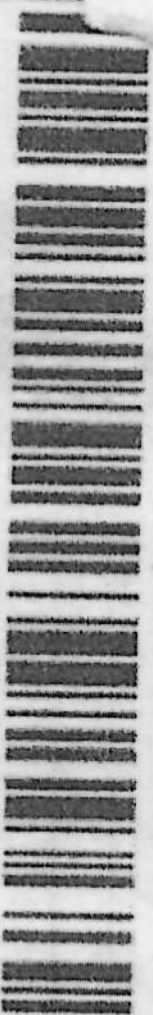
Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, on the front if space permits.

Addressed to:

Authornews Office
Division

NW Loop 410, Suite 600
Antonio, TX 78216



9590 9402 8245 3094 8631 98

Circle Number (Transfer from service label)

589 0710 5270 2121 5151 70

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

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Authornews

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

Domestic Return Receipt

Case 1:26-cv-00103-ADA-ML

Document 10

Filed 02/02/26

Page 2 of 2



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

9590 9402 8245 3094 8631 98

United States
Postal Service

RECEIVED

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

FEB 02 2026

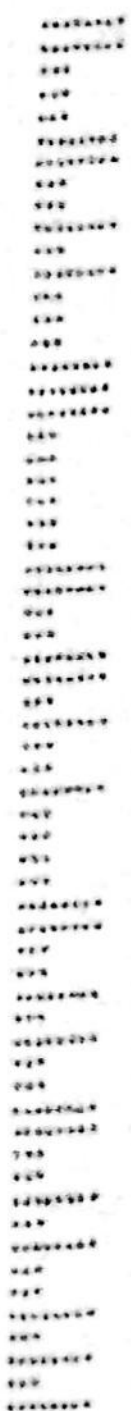
Clerk, U S. District Court

CLERK, U.S. DISTRICT COURT
5th Street, Suite 1100
Austin, Texas 78701

BY DEPUTY CLERK

1:26-cv-103

78701-3



SCREENED BY
FEB 02 2026