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.

Charlotte Collins, Warden
T Don Hutto Detention Center
1001 Welch Street
Taylor TX 76574

9590 9402 9829 5266 4970 43

2. Article Number *(Transfer from service label)*
7589 0710 5270 3396 7968 13

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
2/9/26

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

SCREENED BY CSO'S
FEB 11 2026

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 ($500)
☐ 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#

9590 9402 9829 5266 4970 43

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

United States
Postal Service

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

RECEIVED
FEB 12 2026
CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY _____ DEPUTY CLERK

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

26CV218