

■ 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 Address has

Inuit Stas Attam Civil Division

any address different from item 1? ☐ Yes ☐ No

enter delivery address below: ☐ Yes ☐ No

**United States Attorney, Civil Division**  
**601 NW Loop 410 Ste 600**  
**San Antonio, TX 78216**

**SCREENED BY CSO'S**

26CV247 dkt 1

**2. Article Number** (*Transfer from service label*)      **9590 9402 9829 5266 4971 59**



**3. Service Type**

|                                     |                                         |                                     |                                            |
|-------------------------------------|-----------------------------------------|-------------------------------------|--------------------------------------------|
| <input type="checkbox"/>            | Adult Signature                         | <input type="checkbox"/>            | Priority Mail Express®                     |
| <input type="checkbox"/>            | Adult Signature Restricted Delivery     | <input checked="" type="checkbox"/> | Registered Mail™                           |
| <input type="checkbox"/>            | Certified Mail®                         | <input checked="" type="checkbox"/> | Registered Mail Restricted Delivery        |
| <input checked="" type="checkbox"/> | Certified Mail Restricted Delivery      | <input type="checkbox"/>            | Signature Confirmation™                    |
| <input type="checkbox"/>            | Collect on Delivery                     | <input type="checkbox"/>            | Signature Confirmation Restricted Delivery |
| <input type="checkbox"/>            | Collect on Delivery Restricted Delivery | <input type="checkbox"/>            |                                            |

**and Mail**

**Registered Mail Restricted Delivery** (\$500)

**Article Number** (*Transfer from service label*)      **9589 0710 5270 3396 7967 76**

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

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First-Class Mail<sup>®</sup>  
Postage & Fees Paid  
USPS  
Permit No. G-10



9590 9402 9829 5266 4971 59

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4<sup>®</sup> in this box.

**RECEIVED**

FEB 12 2026 Clerk, U. S. District Court  
501 W. 5th Street, Suite 1100  
Austin, Texas 78701

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

