

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ 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. | <p>A. Signature <input checked="" type="checkbox"/> <i>Shari A. Stewart</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) FILED <i>Shari A. Stewart</i></p> <p>C. Date of Delivery <i>2-20-2013</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.2em;">FEB 21 2013</p> <p style="text-align: center;">DAVID J. WALAND, CLERK</p> <p style="text-align: center;">BY _____</p> |
| <p>1. Article Addressed to:</p> <p style="font-size: 1.2em;"><i>John Graves 1540 Keller Pkwy Ste. 108 #323 Keller TX 76248 4:11cv455 #174</i></p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="font-size: 1.2em; text-align: center;">7011 0470 0001 6100 1441</p> |