

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 <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Christina</i> C. Date of Delivery <i>2/2/13</i></p>
<p>1. Article Addressed to:</p> <p><i>John Edward Graves</i> <i>1940 Keller Hwy. Ste 108</i> <i>PMB 323</i> <i>Keller, TX 76248</i> <i>4:11cv655 #171</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Yes, enter delivery address below:</small></p> <p>FEB 04 2013</p> <p><small>DAVID S. ...</small></p> <p>3. Service Type <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>7011 0470 0001 6100 1380</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	