

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Charles M. Kibler  
The Kibler Law Firm  
765 N. 5th Street  
Silsbee, Texas  
77656

2. Article Number  
(Transfer from service label)

7005 1820 0003 7457 6757

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X *Charles M. Kibler*  Agent  Addressee
- B. Received by (Printed Name) C. Date of Delivery  
*C. Kibler* *2/14/13*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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1. Article Addressed to:

Charles M. Kibler, Jr.  
The Kibler Law Firm  
765 N. 54th Street  
Silsbee, TX 77656

2. Article Number  
(Transfer from service label)

7010 1060 0002 1871 9744

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Charles M. Kibler, Jr.*

Agent

Addressee

B. Received by (Printed Name)

*C. Kibler*

C. Date of Delivery

*4-24*

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Henry R. Stewenson, Jr.  
 CWA 06-2011-2709

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Charles M. Kibler, Jr.</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  <i>C. M. Kibler</i> <input type="checkbox"/> <i>11/28/11</i></p>
<p>1. Article Addressed to:</p> <p><i>Charles M. Kibler, Jr.        765 N. 5th Street        The Kibler Law Firm        Silsbee, TX 77656</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>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input 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        (Transfer from service label)</p>	<p><i>7011 0110 0001 3590 1792</i></p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>

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1. Article Addressed to:

Charles M. Kibler, Jr.  
The Kibler Law Firm  
765 N. 54th Street  
Silsbee, Texas  
77656

2. Article Number  
(Transfer from service label)

7004 1160 0003 0357 2320

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Charles M. Kibler, Jr.*

Agent

Addressee

B. Received by (Printed Name)

*C. Kibler*

C. Date of Delivery

*10/22/12*

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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1. Article Addressed to: <i>Charles M. Kibler, Jr.</i> <i>The Kibler Law Firm</i> <i>765 N. 5th Street</i> <i>Silsbee, Texas</i> <i>77656</i>	B. Received by (Printed Name) <i>Charles</i>	C. Date of Delivery <i>9-13</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
7010 0780 0000 7365 9421		
Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span>		

*Henry Stevenson*

Mr. Henry Stevenson, Jr. and  
 Parkwood Land Co.  
 CWA 06-2011-2709

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent
1. Article Addressed to: Charles M Kibler, Jr. The Kibler Law Firm 765 N. 5th Street Silsbee, Texas 77656	B. Received by (Printed Name) C. Date of Delivery C. Kibler 11/13/12
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, August 2001	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7004 1160 0003 0357 2399 102595-02-M-1540

Henry Stevenson, Jr.  
 CWA 06-2011-2709

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1. Article Addressed to: Charles M. Kibler, Jr. The Kibler Law Firm 765 N. 5th Street Silsbee, Texas 77656	B. Received by (Printed Name) <i>C. Kibler</i>	C. Date of Delivery <i>7/27/12</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001	7005 1820 0003 7458 7982 Domestic Return Receipt 102595-02-M-1540	