

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 3410 0000 2594 7865

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

8/29/11

Postmark
Here

Total Postage **Andy Tarrant, Associate
Fulbright & Jaworski L.L.P.**

Sent To Fulbright Tower 1301 McKinney, Suite 5100
Houston, Texas 77010-3095

Street, Apt. No. or PO Box No.
City, State, Zip **CAA-08-2011-0023**

PS Form 3800, August 2006

See Reverse for Instructions

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:

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Andy Tarrant, Associate
Fulbright & Jaworski L.L.P.
Fulbright Tower 1301 McKinney, Suite 5100
Houston, Texas 77010-3095

CAA-08-2011-0023

2. Article Number
(Transfer from service)

7009 3410 0000 2594 7865

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X B. Gabriel Addressee

B. Received by (Printed Name) **B. GABRIEL** C. Date of Delivery **9/16/11**

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

AUG 30 2011

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CA/FO

102595-02-M-1540