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

7001 0360 0003 6675 8185

OFFICIAL USE

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

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Bill Mahley
Strasburger
1401 McKinnney Street
Suite 2200
Houston, TX 77010-4035

PS Form 3800, January 2001 See Reverse for Instructions

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