

THIRD COURT OF APPEALS OF TEXAS

Maurice Samuel Arrington v. State

No. 03-13-00066-CR, Third Court of Appeals of Texas (March 16, 2015)

OPINION

PER CURIAM.

ACCEPTED 03-13-00066-CR 4518273 THIRD COURT OF APPEALS AUSTIN, TEXAS JEFF PARKER LAW FIRM, PLLC 3/16/2015 5:25:17 PM JEFFREY D. KYLE CLERK JEFFREY D. PARKER March 16, 2015 attorney@jeffparkerlaw.com FILED IN SUSAN L. PARKER 3rd COURT OF APPEALS sparker@jeffparkerlaw.com AUSTIN, TEXAS 3/16/2015 5:25:17 PM MAILING ADDRESS The Honorable Jeffrey Kyle JEFFREY D. KYLE Post Office Box 660 Clerk Belton, Texas 76513-0660 Clerk of the Court Third Court of Appeals WEBSITE ADDRESS PO Box 12547 www.jeffparkerlaw.com Austin, TX 78711-2547 FACSIMILE Number (254)939-7583 Re: Maurice Samuel Arrington vs. The State of Texas TOLL-FREE Cause No. 03-13-00066-CR Number (866)939-8373 TEMPLE Dear Mr. Kyle: Charter Center Building 3000 South 31st Street Third Floor, Suite 304 In accordance with the Texas Rules of Appellate Procedure, please allow Telephone (254)598-4062 this correspondence to serve as my certification that I have complied with the requirements set forth in Rule 48.4; specifically, the requirement to send a copy BELTON of this Court's opinion and judgment, along with notification to my client of my Telephone (254)939-8373 client's right to file a pro se petition for discretionary review in this case, within KILLEEN five (5) days after the date upon which the opinion was handed down.

Telephone (254)616-9476 WACO The copies of the documents, and the notification of right to file a pro se Telephone (254)870-0909 PDR, was sent by me to my client using certified mail, return receipt requested, at my client's last known address. Further, I have attached a copy of the return receipt within the time for filing a motion for rehearing in this case.

Accordingly, I would request that you file this letter and the copy of the return receipt among the papers in your record of this appeal. Thank you for your assistance with this matter. Should you have any questions or comments, please do not hesitate to contact me at your convenience. Sincerely, Jeffrey D. Parker /jp Enclosure (1) COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Sli ature • Complete items 1, 2, and 3.

Also complete Agent item 4 if Restricted Delivery is desired. Addressee • Print your name and address on the reverse so that we can return the card to you. eived •by (Printed Name elivery • Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address Off n t from item 1? E l Yes 1. Article Addressed to: If YES, enter delivery address below: E l No mAA trArri•rykh -roclao)g3pits'4 10 6 c c g o 3.

Service Type 21Certified Mail° El Registered ElPriority Mail Express' El Return Receipt for Merchandise gckctri1/4)e-N1)klls%1610 0 insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) E l Yes 2. Article Number 7014 28711 0 0 0 1 7414 8 0 2 4 (Transfer from service label) PS Form 3811, July 2013 Domestic Return Receipt

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