COMPLETE THIS SECTION ON DELIVERY SHAPIRO & SEJDA, LLC A. Signature 770 NE 63rd St. ☐ Agent Oklahoma City, OK 73105-6431 ☐ Addressee B. Received by (Printed Name) C. Date of Delivery The Bank of New York Mellon ☐ Yes D. Is delivery address different from item 1? F/K/A The Bank of New York If YES, enter delivery address below: TI No as Trustee for CWABS, Inc. Asset-**BAcked Certificates, Series 2003-5** VKH - PH CE (18-10032176) 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery 9590 9402 2608 6336 7779 59 Return Receipt for ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery Merchandise ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation 8416 Restricted Delivery 3050 ail Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt





First-Class Mail Postage & Fees Paid USPS Permit No. G-10

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box

City of Broken Arrow Development Services Department P. O. Box 610 Broken Arrow, OK 74013