



## Sex, Intimacy and Parkinson's

A subject that is rarely ever discussed in a public forum yet seems to inspire many telephone conversations and emails is the subject of sex, intimacy and Parkinson's. Sexuality is not the taboo subject that it once was. Today we are exposed to it everywhere—billboards, television, movies, radio and yes even church. The topic does not seem to be the issue; rather discussing problems associated with one's sexual intimacy seems to be the real problem.

A quick search of professional publications indicates that a fair amount of research has been done on the subject of Parkinson's and sexuality. Most research indicates that both men and women have problems eight arousal, sexual satisfaction, difficulty reaching orgasms and sexual intimacy. One article, *Sexual Dysfunction in Parkinson's Disease (Journal of Sex and Marital Therapy, 30:95-105, 2004)*, indicated that 87% of their female subjects had difficulty with arousal and 75% had difficulty reaching an orgasm. While 68.4% of men reported erectile dysfunction and 65% reported sexual dissatisfaction.

These statistics are extremely concerning when sexuality is such an important part of marriage and society. When you factor in the problems that sometimes arise with normal aging, then this problem becomes more alarming.

If we hope to find a way of solving the problems associated with our sexuality, we must first admit that there are problems. To simplify matters, let's look at some of the reasons PD can affect sexuality.

First, Parkinson's affects a person's autonomic nervous system. The system which generates from the brain controls sexual response and functioning. As dopamine-producing nerve cells die, the signal between the brain and the smoothie muscles that they normally control is damaged. This drop in dopamine may result in a decrease in sexual drive and interest as well as other problems that may affect sexuality.

Rigidity, muscle tremor and slowed movement may adversely affect one's ability to perform sexually. Men may find it difficult to attain or sustain an erection and may find normal ejaculation extremely

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### october 18, 2010 general membership meeting

**speaker**  
**Richard M. Barron, JD**  
**Texas Elder Law**  
**Attorney**

**THIRD MONDAY!**  
**Monday, October 18, 2010**  
**1:00 p.m.**

University Park  
United Methodist Church  
4024 Caruth Blvd (at Preston)  
Dallas, TX 75225

Bring your  
questions and  
join us for  
refreshments after  
the presentation.

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**Dallas Area  
Parkinsonism Society**

Dedicated to impacting and  
improving the quality of life  
for Parkinson's patients  
and their families

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**Newsletter**

Ann Staton, Editor

The DAPS newsletter is published  
monthly as an information guide only, and  
does not serve as legal or medical advice.  
We welcome your feedback, contributions  
or requests. Please send to or contact:

Ann Staton

DAPS

6370 LBJ Suite 176

Dallas, TX 75240

Phone: 972-620-7600

Fax: 972-620-7612

Email: [daps125@sbcglobal.net](mailto:daps125@sbcglobal.net)

[www.daps.us](http://www.daps.us)

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difficult. Premature ejaculation is very common (40% reported) and equally frustrating.

As was already pointed out, both men and women find it difficult to reach an orgasm. This may be due to a number of reasons—depression, self-image issues, worry, anxiety. Again we have to look at the root cause of PD as part of the problem. In order to reach full sexual fulfillment, the brain and the body have to work together; desirable sex often involves good physical and mental coordination. As the old saying goes, “timing is everything.”

A common problem as women age, that is amplified with PD, is vaginal dryness. A lack of lubrication may lead to painful sex and an increased risk of urinary tract infections.

Hyper sexuality is a problem with a small percentage of Parkinson's patients. This compulsive sex drive is most likely due to Parkinson's medications, primarily the dopamine agonists.

Depression is a side effect of Parkinson's disease affecting 40% or more of those diagnosed. In reality, sexual disorders may be caused more by depression than by the actual disease itself. Most, if not all, of the antidepressant medications can have an effect on sexual function. Many list that as a common side effect.

Stress, grief, anger, anxiety and mental fatigue may also wreak havoc on one's sexual performance. A person trying to deal with their PD may experience reduced self esteem. These self esteem issues may be increased as the disease progresses and more

symptoms arise or as one accepts the reality of the PD diagnosis. Simple grooming tasks like shaving your legs or styling your hair may become difficult if not impossible, and may make the PWP (Person With Parkinson's) feel inadequate or less desirable.

Sometimes the problem with intimacy is as much a problem of the care-partner as it is the PWP. Often care-partners are tired from assuming more duties and may resent the added responsibilities that have been placed on them. Care-partners may have a difficult time dealing with their own fears, anxieties and depression over the diagnosis of Parkinson's. Research in the *Journal of Neurology, Neurosurgery and Psychiatry* found that the level of PD disability that a patient had greatly affected the healthier partner's sexual functioning.

The physical and psychological issues of PD no doubt play a role in sexual intimacy. Recognizing that there are issues is one of the first steps to correcting the problem.

Resolving relationship issues may go a long way toward repairing intimacy. Talking together about your fears and anxieties may be helpful. An honest discussion may go a long way to resolve some difficulties. Sometimes a professional counselor or a sex therapist may be contacted to help with some difficult issues.

Talk to your neurologist. Many of the medications used to treat PD can have devastating effects on your sexuality. The drugs, while good for your PD, may decrease sexual desire, libido and response. Your physician can discuss the side

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effects of the medications, make suggestions in dosing changes and may even suggest other medications that can alleviate some of the sexual problems. For instance, many medications are available now to treat erectile dysfunction.

Parkinson's disease and caregiving both increase fatigue and fatigue often results in difficulties with sexuality. Simply making love earlier in the day, before fatigue sets in, rather than later, when both partners may be overwhelmed with fatigue, may solve some of the frustrations and problems. Regular exercise can reduce fatigue and improve stamina for both partners as well.

Creativity and experimentation may also prove helpful in resolving sexual problems. There are many lubrications on the market today that besides helping with dryness can also increase stimulation. Exploring new positions and experimenting with different forms of stimulation may also be enjoyable and helpful.

Keeping an open mind and a positive attitude can go a long way to improving sexual intimacy. Realizing that PD and age may allow you to redefine your sexual relationship and may in the long run allow you to reach a level you never thought possible. There is more to intimacy and sexuality than just sex! Learning to cuddle

with one's partner and finding new ways to pleasure your partner may become more sexually satisfying than you ever dreamed.

The following quote may help sum it up best. "How many times have we made love? Once! It began the moment we met and will not end until we each have taken our last breath." Jerry Finch, Hitchcock TX, from the book *Voices from the Parking Lot, Parkinson's Insights and Perspectives*.

Reprinted from *The Tulip Messenger*, a publication of the APDA Information & Referral Center, Lubbock, TX.

## Medications in the News

**Stalevo (carbidopa/levodopa and entacapone):**

**Ongoing Safety Review: Possible increased cardiovascular risk**

Issue: FDA notified healthcare professionals that it is evaluating clinical trial data that suggest patients taking Stalevo (a combination of carbidopa/levodopa and entacapone) may be at an increased risk for cardiovascular events (heart attack, stroke, and cardiovascular death) compared to those taking carbidopa/levodopa (sold as the combination product, Sinemet). FDA's decision to conduct a meta-analysis was based on findings from the Stalevo Reduction In Dyskinesia Evaluation – Parkinson's Disease or STRIDE-PD trial, which reported an imbalance in the number of myocardial infarctions in patients treated with Stalevo compared to those receiving only carbidopa/levodopa. Although myocardial infarction, cardiac irregularities, hypertension, and palpitations have been reported with levodopa, previous clinical trials with Stalevo did not show an imbalance in myocardial infarction, stroke, and cardiovascular death.

Background: Both Stalevo and Sinemet have been shown to be effective treatments for the symptoms of Parkinson's disease. The addition of entacapone to carbidopa/levodopa has been shown to lead to a greater degree of improvement in some of the symptoms of Parkinson's disease than treatment with carbidopa/levodopa alone. Entacapone is also available as a single ingredient product (sold under the brand name Comtan) to be always administered in association with carbidopa/levodopa (entacapone has no antiparkinsonian effect of its own). It is estimated that 154,000 patients were dispensed a prescription for Stalevo from its approval in June 2003 through October 2009.

Recommendations: At this time, FDA's review of the potential cardiovascular risk with Stalevo is ongoing. Healthcare professionals should regularly evaluate the cardiovascular status of patients who are taking Stalevo, especially if they have a history of cardiovascular disease. Patients should not stop taking Stalevo unless told to do so by their healthcare professional.

FDA is exploring additional ways to assess whether Stalevo increases the risk of cardiovascular events, and will update the public when this review is complete.

## Member Profile: Larry Christensen

This month we are “introducing” Larry Christensen. Many of you already know Larry from his involvement in so many parts of the PD community. You may have met him: exercising at Walnut Hill or Garland, participating at Cooper, doing the yoga, working on the golf tournament, planning the gala, on the DAPS board, on the Parkinson’s Benefactors board or just showing up at the meetings. Three days a week he is in a TWU research project of vigorous exercise at Presbyterian Hospital. Well, you may have met him, but there are lots of things about Larry you can’t even guess.

Larry grew up in Council Bluffs, Iowa. You history buffs will remember that’s where Abraham Lincoln looked across the Missouri River and saw where the trans-continental railroad would head for California. From there he went to St. Olaf College in Northfield, MN, a highly regarded liberal arts institution with ties to the Lutheran (ELCA) Church. Over the years, he has been very active in supporting St. Olaf. Under his leadership, 80% of the class of ’61 participates. Larry is now coaching representatives of other classes.

In his professional life he has ranged from one of America’s leading corporations to a successful one-man operation. Out of college, he joined Proctor & Gamble. Early on, he ran test markets for Pampers. He was involved in the strategy and pricing of regional roll-outs of what turned out to be a standard family product. As some big companies will do, P&G moved Larry to

various locations, including Dallas in 1973 to be regional sales manager. While he was here, he bought first one duplex and then another. Over time, he developed a sideline of real estate management and sales, mostly residential. In 1980, when P&G asked him to go back to the Cincinnati headquarters, he could say, “No thanks, I have my own business right here”.

One of Larry’s sons, Tom lives in Plano with his wife and two boys. He is a geophysicist who worked with Sun Oil. In 1996 he and Larry decided to be partners. They work together on some aspects of the business but they also pursue deals somewhat independently. They work from different locations. Early on, they drafted a partnership agreement and asked an attorney to put it in good form. Larry & Tom threw out the lawyer’s document and went back to their own, which is still working today.

Larry’s other son, Jon lives in Palo Alto with his wife and two daughters. He was a journalist who developed an interest in environmental history, especially of the American West. With fellowship support from Stanford, he is now a PhD candidate and Executive Director of the Bill Lane Center for the American West.

How many of you know that Larry is a “car nut”? In the ‘70’s and ‘80’s he raced an “E-Production” car. That’s a class for enthusiastic, hard working amateurs.

Larry & Roslyn Atkin have been together since December 1999. She has retired from being an ICU



nurse at Presbyterian Hospital of Dallas, but she’s still very active and enthusiastic on the tennis court. She’s an Australian who somehow wandered off to Texas, many years ago. Roslyn and Larry recently built a lovely modern home filled with art works. The house has a Leed’s “Platinum” certification for energy efficiency. They are on a quiet little street, even though the address says Midway Road. Midway takes a sharp turn to the west, down below Northwest Highway.

### **VOLUNTEER CORNER**

What a great crew we had in the DAPS office on Tuesday, August 24, to mail the September Newsletter. An assembly line was used to insert the Membership Letter and Dues Envelope in each Newsletter and seal each one! Big job! Lots of fun!

The volunteers in attendance were:

Ruth Beam, Annabelle Catterall, Jann Horswell, Tamea Jolly (Ann’s sister), Kathryn Meek, Sandi Pautler and Cindy Weatherall. Thanks Ladies! Great job!

# Volunteer With DAPS!

The Dallas Area Parkinsonism Society is known for our active, compassionate outreach to people with PD through educational programs, exercise and speech therapy classes, and written updates via our newsletter. We need you to help us continue our mission to improve the lives of PD patients, their caregivers, and their families.

Volunteers are welcome to help in several areas, including:

- Labeling newsletters (approx. 2 hours per month at the DAPS office)
- Greeting attendees at our general meetings (approx. 2 hours per month)
- Calling exercise and speech class participants on a monthly basis to check on their well-being (about 1 hour per week; make calls from your home)
- Being a friendly visitor for someone who is unable to attend our activities (flexible timing)
- Bringing food to our general meetings (once per month)
- Writing the Personal Profiles for our newsletter. Don Shannon is doing an outstanding job, but his new position as our treasurer is keeping him busy! This is a great opportunity for someone who enjoys meeting new people. If you read our newsletter, you will see DAPS has so many interesting people involved!

You don't have to have PD or be a caregiver to volunteer. Family members and friends are welcome, and may discover a great sense of purpose as well! And, if you're just not in a position

to volunteer your time, please consider making a financial donation to DAPS.

While some of the jobs do require an ongoing commitment, you may decide you can participate in others a few times per year. Just call Executive Director Ann Staton (972-620-7600) and she will help you find a place as a DAPS volunteer.



DAPS Board members at work.  
Top Row: Larry Christensen, Cindy Weatherall, Don Shannon  
Bottom Row: Mike Nemazie, Cindy Casey Brown, Barb Taylor

*Photos by Lewis Sheriff*

## DAPS August Board Meeting Report

The August DAPS Board Meeting was held at the home of Lionel and Jean Blomquist on August 16th. The Board was unable to meet at the University Park United Methodist Church due to major renovations at the church, so DAPS President, Jean Blomquist, invited the Board to her home for a taco lunch.

Several Board members—Annabelle Catterall, Joyce Susman and Barb Taylor—contributed to a wonderful lunch and Sandi Pautler provided two great desserts. A good time was had by all, sharing lunch and ideas.

## Greeting Card Fundraiser

With the 2009 Holiday card fundraiser being so successful, DAPS is pleased to announce that we will be selling cards again this year.

The new card designs were created by grandchildren or friends of DAPS Board members. We are offering some new designs this year.

Each package will include one card of five different designs plus envelopes. The options include:

- Two Happy Holidays packages (each with different designs)
- Thinking of You/generic card package
- New Years card (sold individually)

Your donation will help DAPS to improve the quality of life of many Parkinson patients and their families. The cards will be available at the October, November and December general meetings and at the DAPS office.

### EQUIPMENT FOR SALE

Gently used Large (5'8" to 7') Merry Walker. Ideal for PD patients. See [www.merrywalker.com](http://www.merrywalker.com) for more information.

\$500 OBO. Contact Elsie Hayes at 972-479-0495.

## Research Progress Report

DAPS gave Dr. Dwight German at UTSW a grant for \$11,000 for the period of November 1, 2009 through October 31, 2010. The study was entitled "A Blood Biomarker for Parkinson's Disease" under the direction of Dwight C. German, Ph.D., Department of Psychiatry. This is his mid-year report to the General Membership.

We have made progress on research funded by DAPS in two areas:

1. Exposure to pesticides has been reported to increase the risk for Parkinson's disease, but identification of specific pesticides that contribute to the disease is lacking. In our previous study (Richardson et al., 2009), we found that the organochlorine pesticide  $\beta$ -hexachlorocyclohexane ( $\beta$ -HCH) is markedly elevated in the blood of Parkinson's disease patients compared to normal individuals and individuals with Alzheimer's disease.

Study Objective: We sought to determine whether serum pesticide levels of  $\beta$ -HCH are elevated in a new sample of Parkinson's disease patients compare to normal individuals. In addition we wished to test serum from Parkinson's disease and normal controls from Emory University, collected in 2002 and another group collected in 2008.

Methods: We analyzed serum samples from 262 subjects, some with Parkinson's disease cases, and some controls. We measured 16 organochlorine pesticides in the serum samples.

Results:  $\beta$ -HCH levels were increased in the Parkinson's disease patients when compared to normal control individuals both in Dallas (UT Southwestern) and in Atlanta (Emory University) in 2002. However, at both locations the levels of the pesticide decreased in the samples taken from patients

in 2008. But still those individuals with a high level of  $\beta$ -HCH in the serum were in the Parkinson's disease group (vs. normal controls).

Interpretation: The original finding of elevated  $\beta$ -HCH in the blood of Parkinson's disease patients in the Dallas area was repeated in patients in Atlanta GA in blood samples taken in 2002. In both groups sampled again in 2008, however, the pesticide levels were decreased but they were still higher in the Parkinson's subjects. These data indicate that environmental levels of the pesticide are decreasing over time, however, Parkinson's disease patients tend to have higher levels than non-Parkinson's subjects. These data suggest that  $\beta$ -HCH may play a role in the disease in a sub-set of Parkinson's disease patients. This study is currently being written up for publication.

2. Identification of a serum biomarker for Parkinson's disease.

Methods: We have collected serum samples from 50 Parkinson's disease patients and 50 spousal controls, with the assistance of Dr. Pdraig O'Suilleabhain. We are comparing these samples with those from 50 patients with Alzheimer's disease, using a 15,000 peptoid library.

Results: We have identified 3 peptoids that capture antibodies in the blood of the Parkinson's disease patients that are markedly higher than in the controls or Alzheimer's disease subjects. We

are currently running additional samples from the Parkinson's disease patients in order to determine how accurate our antibody biomarkers are for the identification of the disease.

Interpretation: If our results prove to be accurate, ultimately these markers may be useful for the early identification of those that will get the disease in 8-10 years. These markers could be used in a blood test, given to everyone annually beginning at age 50, to identify those who are in the early, non-clinical stage of the disease. This is the stage where therapeutic intervention is most likely to be beneficial, and could potentially stop the progression of the disease to the clinical stage.

The following recent publication resulted from research supported, in part, by the Dallas Area Parkinsonism Society:

Reddy M.M., Wilson R., Wilson J., Connell S., Schilke J., Cox J., Gocke A., German D.C. Kodadek T. Unbiased identification of antibody biomarkers and antigen surrogates. Cell, In press, 2010.

# NO CHARGE

## speech therapy and group exercise

### **CARROLLTON:**

#### **St. Andrews Christian Church**

3945 N. Josey Lane

#### **Group Exercise:**

Wednesday...9:45 a.m. to 10:45 a.m.

#### **Speech Therapy:**

Wednesday...10:45 a.m. to 11:30 a.m.

### **DALLAS:**

#### **Baylor Institute for Rehabilitation**

909 N. Washington (ph: 214-820-8854)

#### **Water Therapy**

Wednesday...11:00 a.m. to 12:00 p.m.

#### **Dallas Yoga Center**

4525 Lemmon Ave., 3rd Floor

#### **Yoga for Parkinson's:**

Friday...11:00 a.m. to 12:00 p.m.

#### **Juanita J. Craft Recreation Center**

4500 Spring Ave.

#### **Group Exercise:**

Friday...10:00 a.m. to 11:00 a.m.

#### **Lakeside Baptist Church**

9150 Garland Rd.

#### **Speech Therapy:**

Wednesday...10:30 a.m. to 11:15 a.m.

#### **Group Exercise:**

Wednesday...9:30 a.m. to 10:30 a.m.

#### **Partners-in-Care Group:**

2nd Wed....10:30 a.m. to 11:30 a.m.

#### **Preston Hollow United Methodist Ch.**

6315 Walnut Hill Lane

#### **Speech Therapy:**

Tuesday...11:30 a.m. to 12:15 p.m.

#### **Group Exercise:**

Tuesday...10:30 a.m. to 11:30 a.m.

Thursday...10:30 a.m. to 11:30 a.m.

#### **Partners-in-Care Group:**

Tuesday...10:30 a.m. to 11:30 a.m.

#### **Skillman Church of Christ**

3120 Skillman St., FLC Building Gym

#### **Group Exercise:**

Monday...9:15 a.m. to 10:15 a.m.

### **DUNCANVILLE:**

#### **Trinity United Methodist Church:**

1302 S. Clark Rd.

#### **Group Exercise:**

Monday...6:30 p.m. to 7:30 p.m.

Thursday...1:00 p.m. to 2:00 p.m.

### **GARLAND:**

#### **South Garland Baptist Church**

1330 E. Centerville Rd.

#### **Speech Therapy:**

Thursday...9:30 a.m. to 10:15 a.m.

#### **Group Exercise:**

Monday...10:30 a.m. to 11:30 a.m.

Thursday...10:30 a.m. to 11:30 a.m.

#### **Discussion Group:**

Monday...9:30 a.m. to 10:30 a.m.

#### **Partners-in-Care Group:**

Thursday...10:30 a.m. to 11:30 a.m.

### **IRVING:**

#### **First United Methodist Church**

211 W. Third St.

#### **Group Exercise:**

Tuesday...9:45 a.m. to 10:45 a.m.

### **PLANO:**

#### **Custer Road Methodist Church**

6601 Custer Road

#### **Speech Therapy:**

Thursday...11:00 a.m. to 11:45 p.m.

#### **Group Exercise:**

Monday...9:45 a.m. to 10:45 a.m.

Thursday...9:45 a.m. to 10:45 a.m.

#### **Partners-In-Care Group:**

Monday...9:45 a.m. to 10:45 a.m.

### **RICHARDSON:**

#### **Arapaho United Methodist Church**

1400 W. Arapaho at Coit

#### **Group Exercise:**

Tuesday...10:00 a.m. to 11:00 a.m.

Wednesday...10:00 a.m. to 11:00 a.m.

Friday...10:00 a.m. to 11:00 a.m.

#### **Partners-In-Care Group:**

1st Wednesday...10:00 a.m. to 11:00 a.m.

## **Memorials • Honors Donations**

### **August 2010**

#### **In memory of Mary Barton**

From: Barb Taylor

#### **In memory of Virgil Noe**

From: Lionel & Jean Blomquist  
Douglas & Rayma May  
Bob & Ann Staton  
Inez Trahan

#### **In memory of Mrs. Altha Stephens**

From: Dianne & Nicholas Nadolsky

#### **Donation to DAPS**

From: Arapaho PAGE  
Irving PAGE  
Floyd & Jerry Pinnell  
Plano PAGE  
Preston Hollow PAGE

#### **Tour of Holland Fundraiser**

From: Richard & Molly Davis

## **SHOP KROGER TO HELP DAPS**

Take the barcode below with you to Kroger and have the cashier scan it before your Kroger Cares card is scanned. Whenever you shop Kroger, a percentage of what you pay will go to DAPS!

DALLAS AREA PARKINSONISM SOCIETY



## MARK YOUR CALENDAR

### general meeting

**Monday, Oct. 18 - 1:00 p.m. (3rd Mon.)**

Speaker: Richard M. Barron, JD,  
Texas Elder Law Attorney

University Park United Methodist Church

### open board meeting

**Monday, Oct. 25 - 1:00 p.m.**

University Park United Methodist Church

### next month

**Monday, Nov. 8 - 1:00 p.m.**

Speaker: Sean Duncan, Medtronic/  
DBS Surgery

University Park United Methodist Church

### save the date

What: 10th Annual Senior Adult Health Fair  
Free lunch provided!

When: Thurs., Oct. 21  
10:00 a.m. to 1:00 p.m.

Where: Skillman Church of Christ (in the Gym)  
3120 Skillman, Dallas, TX 75206

RSVP: 214-823-2179 ext. 255

**disclaimer:** The contents or opinions expressed in this Newsletter are those of the individual writers or presenters and do not constitute an endorsement or approval by DAPS staff. Please consult your personal physician regarding your individual medical problems.

**For change of address or corrections, please indicate the changes on this page and mail or fax it to DAPS, or email: [daps125@sbcglobal.net](mailto:daps125@sbcglobal.net)**



#### **Dallas Area Parkinsonism Society**

6370 LBJ Freeway, Suite 176  
Dallas, Texas 75240  
(972) 620-7600

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