

## 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:

*Robins Interstate University*  
*1879 Federal Highway*  
*P.O.B. 72176*  
*Cal. Ch. 43207*  
*08-251-TR-CVF*

2. Article Number

(Transfer from service label)

7007 2680 0001 0490 7799

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Frank W. Robinson*☒ Agent☐ Addressee

B. Received by (Printed Name)

*FRANK W. ROBINSON*

C. Date of Delivery

*3-26*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

*This is to certify that the images appearing are accurate and complete reproduction of a case file document delivered in the regular course of business.*  
*Technician* *3-27-08*  
*Date Processed*

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes