SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 2-29-16
Ronald L. Adams	ivery address below:
Oregon State University 600 Kerr Administration Build Corvallis, OR 97331	
Oregon State University	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery
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Oregon State University 600 Kerr Administration Build Corvallis, OR 97331 9590 9403 0670 5183 4911 88 2. Article Number (Transfer from service label)	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery

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 Complete items 1, 2, and 3. 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. 	A. Signature X Dr. HEMMEA B. Received by (Printed Name) DAN HEMMEA	☐ Agent ☐ Addressee ☐ C. Date of Delivery ☐ 3-2-16
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