SPECIAL MAILING REQUEST

1. ☐ CERTIFIED ☐ REGISTERED ☐ OTHER

☐ RETURN RECEIPT ☐ EXPRESS (Overnight)

☐ RETURN RECEIPT FOR MERCHANDISE ☐ PRIORITY (2-3 Business Days) (Free Tracking)

2. CONTENTS _____

3. AUTHORIZATION _____

4. SENDER'S NAME _____

5. OFFICE SYMBOL _____ **6.** DATE: _____

CUT HERE

SPECIAL MAILING REQUEST

7. SENDER'S NAME _____

8. OFFICE SYMBOL _____

9. CONTENTS _____

10. SENT VIA _____

11. NUMBER _____

12. DATE _____

13. BY (INIT) _____

1. BLOCKS 1 THRU 9 WILL BE COMPLETED BY SENDER.
2. SENDER WILL ENSURE ITEM IS AUTHORIZED MAILING (AR 25-51, PARA 2-30 or 2-31).
3. MAIL CLERK WILL COMPLETE BLOCKS 10 THRU 13 AND RETURN BOTTOM PORTION TO SENDER FOR FILING.

RIA FORM 25, JUNE 2016