

4th Corner Network , Inc.
110 Prospect Street
Bellingham, WA 98225
(360) 671-2455 (800) 321-2455

999995

Request for Change of Address Request for Boxholder Information Information Required for Service of Legal Process

Date of Request: 10/29/2010

Please furnish the new address, or the name and street address (if a boxholder) for the following:

Name **Robin Mullins**
Address or Box **110 Prospect St , Bellingham , WA 98225**

Note: Only one request may be made per completed form. The name and last known address are required for change of address information. The name, if known and Post Office box address are required for boxholder information. The following information is provided in accordance with 39 CFR 265.6(d)(4)(ii). There is no fee charged for change of address or boxholder information.

1. Capacity of requestor: **Process Server**
2. Statute or regulation that empowers the requestor to serve process: **RCWA 5.60.050 & CR 4(c) & CR 45**
3. The names of all known parties to the litigation: **I Was Wronged , Inc., Robin Mullins ,**
4. The court in which the case has been or will be heard: **Superior Court , Whatcom County , Washington State**
5. The docket or other identifying number if one has been issued: **10-2-00001-1**
6. The capacity in which the individual is to be served (circle one): **DEFENDANT WITNESS OTHER**

WARNING: THE SUBMISSION OF FALSE INFORMATION TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).

I certify that the above information is true and that the address information is needed and will be used solely for the service of legal process in connection with the actual or prospective litigation .

Signature
Printed Name: **Im A Server**

FOR POST OFFICE USE ONLY

<input type="checkbox"/> No change of address order on file.	New Address or Street Address of Boxholder _____ _____ _____
<input type="checkbox"/> Not known at address given.	
<input type="checkbox"/> Moved; left no forwarding address.	
<input type="checkbox"/> No such address.	
<input type="checkbox"/> Mail delivered as addressed.	