

Form 10ACert - AFFIRMATION OF CERTIFIED MAILING



P28076690

RHEINGOLD GIUFFRA RUFFO & PLOTKIN LLP Nathalia Eusebio
SUPREME COURT NEW YORK COUNTY STATE OF NEW YORK

JANE DOE

PLAINTIFF

Index No. 161704/2026

Date Filed

Office No.

Court Date. 10/23/2026

CORNELL UNIVERSITY, INC., ET AL.,

DEFENDANT

STATE OF NEW YORK, COUNTY OF NEW YORK

:SS:

I, **DOUGLAS PHILIP** affirm under the penalties of perjury that I am over 18 years of age, not a party to this action, and reside in the State of New York. That on **28th day of September, 2026** at a post office or official depository under the exclusive care and custody of the United States Postal Service, Deponent mailed the copy of

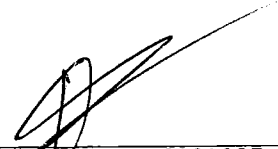
ORDER TO SHOW CAUSE, SUMMONS AND COMPLAINT, JURY DEMAND, AFFIRMATION IN SUPPORT, NOTICE OF ELECTRONIC FILING, PLAINTIFF'S AFFIRMATION AND SUPPORTING PAPERS

to **CORNELL UNIVERSITY, INC.**
 the **DEFENDANT** at
373 PINE TREE ROAD
ITHACA NY 14850

Copy mailed by Certified Mail (rf566157444us, RRR) marked PERSONAL & CONFIDENTIAL not indicating on the outside thereof, by return address or otherwise that said notice is from an attorney or concerns an action against the person to be served.

COMMENTS:

I affirm this 28TH day of SEPTEMBER, 2026 under penalties of perjury under the laws of New York, which may include fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law


 DOUGLAS PHILIP 2121937-DCWP
 Lexitas #2098109-DCA
 1235 BROADWAY 2ND FLOOR
 NEW YORK, NY 10001
 Reference No: 9-RVR.-280766

Registered No. RF566157444US		Date Stamp
To Be Completed By Post Office	Postage \$	Extra Services & Fees (continued)
	Extra Services & Fees	☐ Signature Confirmation \$
	☐ Registered Mail \$	☐ Signature Confirmation Restricted Delivery \$
	☐ Return Receipt (hardcopy) \$	Total Postage & Fees \$
	☐ Return Receipt (electronic) \$	
	☐ Restricted Delivery \$	
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value \$	Received by
	Domestic Insurance up to \$50,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).	
OFFICIAL USE		
FROM	1235 BROADWAY 2ND FLOOR NEW YORK, NY 10001	
TO	CORNELL UNIVERSITY, INC. 373 PINE TREE ROAD ITHACA, NY 14850	

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