
 <b>Click-N-Ship®</b>		<b>E</b>	
usps.com 9471 0036 9930 0000 2248 78 0181 1001 0103 2250 <b>\$18.11</b> <b>US POSTAGE</b> Flat Rate Env Buton Commercial Base Pricing Mailed from 84097 062S0000001307 01/30/13			
<b>USPS EXPRESS MAIL®</b>			
ANDRES E SOSA WISE ARCHITECTS INC 1184 N 840 E OREM UT 84097-3495 <b>0007</b>			
NO DELIVERY SUNDAY/HOLIDAY SHIP TO: MARGARET LASKOWSKI 13926 WHEELING LN JACKSONVILLE FL 32250-1737			
<b>USPS EXPRESS MAIL</b>			
420 32250 9471 0036 9930 0000 2248 78			
<b>POSTAL USE ONLY</b>			
Date In: Mo.	Day	Year	Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM
Day of Delivery: <input type="checkbox"/> Next	<input type="checkbox"/> Second	<input type="checkbox"/> 12 Noon	<input type="checkbox"/> 3 PM
Return Receipt	COD	Additional Insurance Fee	\$0.00

Use Express Mail packaging or stickers. Securely affix label to mail piece. Do not tape over barcode or "Postal Use Only" section. Service guarantees begin with the acceptance processing of this item when brought to a USPS retail location, or when the item returns to the Post Office after being collected during delivery/collection or from an Express Mail Collection box. This Online Record must be presented to Postal personnel if applying for a service related refund. Refunds for unused postage paid labels can be requested online 10 days from the print date.

 <b>CUSTOMER Online Record</b>		<b>DO NOT MAIL</b>	
<b>ORIGIN (POSTAL USE ONLY)</b>			
PO ZIP Code 84097	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. Day Year	<input type="checkbox"/> 12 NOON <input type="checkbox"/> 3 PM	Postage \$18.11	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Address to PO Box <input type="checkbox"/>	Return Receipt Fee	
Weight lbs ozs	Contents Value	COD Fee	Ins. Fee \$0.00
No Delivery <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday/ Holiday	Acceptance Clerk Initials	Total Postage & Fees \$18.11	
9471 0036 9930 0000 2248 78 <input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.			
Mailer's Signature _____ Adult Signature Service: _____			

<b>CUSTOMER INFORMATION</b>		(Label 1 of 1 )	
<b>Transaction Number: 254443659</b>		Paid Online	
FROM: PHONE _____ ANDRES E SOSA WISE ARCHITECTS INC 1184 N 840 E OREM UT 84097-3495	TO: PHONE _____ MARGARET LASKOWSKI 13926 WHEELING LN JACKSONVILLE FL 32250-1737		
Label 11-D June 2001			

**USPS Employee:** For service failure refunds, follow existing refund procedures. Attach the Customer Online Record to the PS Form 3533 and send copies of both to the Express Mail Office for recording.