Name and Address of Sender		Check type of mail or service: Adult Signature Required		Affix Stamp Here (If issued as a certificate of mailing or for additional copies of this bill) Postmark and Date of Receipt												
Artic	cle Number	Addressee (Name, Street, Co	ity, State, & ZIP Code TM)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
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