

 UNITED STATES POSTAL SERVICE		a preferred shipping service on 	
<div style="font-size: 4em; font-weight: bold; letter-spacing: 0.5em;">E</div>		03/12/12 US POSTAGE PAID From 60607 Commercial Base Pricing 7 lbs 0 ozs Pitney Bowes Zone 5 INSURED 024P0007629775	
<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">USPS EXPRESS MAIL</div>			
Shi Yin 723 S Carpenter St, Apt 4 Chicago IL 60607			
SIGNATURE REQUIRED Jill Kreidel 4126 Cumbrian Gardens Ln # JKMOREE944 Jacksonville FL 32257-6002		0007 <small>280842869012</small>	
<div style="font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;">USPS EXPRESS MAIL</div>			
<div style="font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;">EO 884 382 073 US</div>			
<div style="font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;">POSTAL USE ONLY</div>			
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: <input type="checkbox"/> COD		Additional Insurance Fee \$6.55	

The safer, easier way to pay 

Cut along the dotted line and retain the bottom portion for your records.
If you take your item to the Post office, present this record for a Proof of Mailing receipt

Customer Online Record DO NOT MAIL

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 60607	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/> Flat Rate Envelope <input type="checkbox"/> Flat Rate Box	
Date In Mo. Day Yr.	<input type="checkbox"/> 12 NOON <input type="checkbox"/> 3PM	Postage \$39.72	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Address to PO Box <input type="checkbox"/>	Return Receipt Fee \$0.00	
Weight 7 lbs 0 ozs	Contents Value \$1,600.00	COD Fee \$0.00	Ins. Fee \$6.55
<input type="checkbox"/> Sunday/Holiday Delivery Guaranteed	Acceptance Clerk	Total Postage & Fees \$46.27	



EO884382073US

☐ **WAIVER OF SIGNATURE** (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.

☒ **SIGNATURE REQUIRED** Mailer's Signature _____

CUSTOMER INFORMATION

FROM: Shi Yin 723 S Carpenter St Apt 4 Chicago IL 60607	TO: Jill Kreidel 4126 Cumbrian Gardens Ln # JKMOREE944 Jacksonville FL 32257-6002
--	--

FOR PICKUP OR TRACKING CALL 1-800-222-1811

Shipping label technology provided by Pitney Bowes Inc.