Return Receipt Day Of Delivery: Date In: M_o **USE ONLY** □ Next Day ☐ Second Year The safer, easier way to pay PayPa Additional Insurance Fee ☐ 12 NOON Time In: \$2.20 □ 3 PM $\stackrel{\mathsf{A}}{\leq}$ PM

POSTAL USPS EX 898 877 825 US **EXPRESS MAIL** **USPS**

Nancy Drew Carolyn Keene 27 Waterview Dr MSC 26-21 Shelton CT 06484-4301

IOPSysTeam Microsoft 35 Waterview,MSC 26-21 Shelton CT 06484

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Origin (Postal use only)		
PO Zip Code 06484	Day of Delivery ☐ Next ☐ Second	Flat Rate Envelope
Date In Mo. Day Yr	☐ 12 Noon ☐ 3 PM	Postage \$17.22
Time In: ☐ AM ☐ PM	Address to PO Box	Return Receipt Fee \$2.30
Weight 1 lbs 1 ozs	Contents Value \$201.00	COD Fee Ins.Fee \$2.20
☐ Sunday/Holiday Delivery Guaranteed	Acceptance Clerk	Total Postage & Fees \$21.72



EX 898 877 825 US

 $\begin{tabular}{ll} \Box \begin{tabular}{ll} \textbf{Waiver of signature} (\texttt{Domestic Only}) \ \texttt{Additional merchandise insurance is void if waiver} \\ \end{tabular}$ 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 authroize that delivery employee's signature constitutes valid proof of delivery

Mailer's Signature

Customer Information

(203)924-5000 From:

> **IOPSysTeam** Microsoft

35 Waterview, MSC 26-21 Shelton CT 06484

To:

(203)922-3000

Nancy Drew Carolyn Keene 27 Waterview Dr MSC 26-21

Shelton CT 06484-4301

For pickup or Tracking call 1-800-222-1811