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<sub>e</sub> \$2.20	Additional Insurance Fee		COD	\$2.30	Return Receipt
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## **Customer Online Record**

DO NOT MAIL

Origin (Postal use only)					
PO Zip Code <b>06484</b>	Day of Delivery  ☐ Next ☐ Second	Flat Rate Envelope			
Date In Mo. Day Yr	☐ 12 Noon ☐ 3 PM	Postage <b>\$21.90</b>			
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 <b>\$26.40</b>			



EX 898 502 329 US

□ 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 authroize that delivery employee's signature constitutes valid proof of delivery

Mailer's Signature

tomer	

From: (203)924-5000 To: (203)922-3000

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