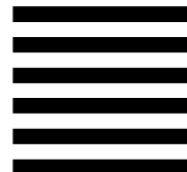


Please provide your return address:

| | | |
|----------------------------|---------|-----|
| F R O M | Name | |
| | Company | |
| | Street | |
| | City | |
| | State | Zip |



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



PARCEL POST

MERCHANDISE RETURN LABEL

PERMIT NO. 8715 TAKOMA PARK, MD 20912
SECURE THE CALL 6930 CARROLL AVE #400

POSTAGE DUE UNIT

US POSTAL SERVICE
PO BOX 9998
TAKOMA PARK, MD 20912-9998

POSTAGE DUE COMPUTED BY
ACCEPTANCE POST OFFICE

POSTAGE _____

DELIVERY CONFIRMATION FEE _____

TOTAL POSTAGE AND FEES DUE \$ _____