

**Please provide your return address:**

<b>F R O M</b>	Name	
	Company	
	Street	
	City	
	State	Zip
	Email	

WE'LL EMAIL YOU A THANK YOU NOTE.

POSTAGE DUE COMPUTED BY  
ACCEPTANCE POST OFFICE

POSTAGE \_\_\_\_\_

DELIVERY CONFIRMATION FEE \_\_\_\_\_

TOTAL POSTAGE AND FEES DUE \$ \_\_\_\_\_



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 #432

**POSTAGE DUE UNIT**

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