

FROM : _____

POSTAGE DUE COMPUTED BY
ACCEPTANCE POST OFFICE

POSTAGE - _____

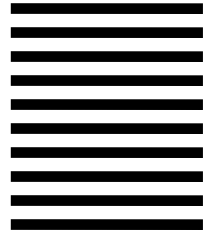
INSURANCE FEE _____

TOTAL POSTAGE AND FEES DUE _____

INSURANCE DESIRED BY
PERMIT HOLDER FOR \$ _____
(VALUE)

PRIORITY MAIL

NO POSTAGE
NECESSARY IF
MAILED IN
UNITED STATES



MERCHANDISE RETURN LABEL
PERMIT NO. 5472 NEW YORK NY 10036
ALBERT AND SONS 31 W 47TH ST STE 204

POSTAGE DUE UNIT
UNITED STATES POSTAL SERVICE
340 W 42ND ST
NEW YORK NY 10036-9998