

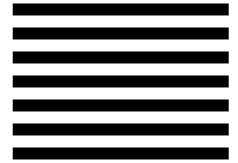
PARCEL ID# _____

FROM: _____

POSTAGE DUE COMPUTED BY
ACCEPTANCE POST OFFICE

PACKAGE RATE POSTAGE \$ _____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



FIRST-CLASS MAIL

*Per DMM 505.3.4.1 customer may purchase
Insurance and Tracking and add to package
at their own expense*

MERCHANDISE RETURN LABEL

PERMIT NO. 4 HUDSON FL 34667
DENTAL HANDPIECE USA 16720 BACHMANN AVE

**POSTAGE DUE UNIT
US POSTAL SERVICE
13610 BIG BEND DR
HUDSON FL 34667-9998**

MAILING INSTRUCTIONS

1. SEAL YOUR PACKAGE SECURELY
2. DO NOT APPLY TAPE OVER POSTAL FEE COMPUTATION AREA
3. IF ITEMS ARE FRAGILE OR LOOSE PIECES...PLEASE PLACE IN A PLASTIC ZIPLOC BAGGIE TO PREVENT LOSS OF PIECES. CUSHION ANY BULKY ITEM.
4. IF YOU WISH TO GET YOUR MAILING ACKNOWLEDGEMENT DATE STAMPED...YOU MUST TAKE THE PACKAGE AND THE ACKNOWLEDGEMENT SLIP INTO THE POST OFFICE AND HAVE A CLERK DATE IT FOR YOU.
THERE IS NO CHARGE FOR THIS SERVICE.

MAILING ACKNOWLEDGEMENT IS ROUND DATED FREE OF CHARGE PER DMM 505.3.3.7-C or per DMM 505.3.4.3 Customer may purchase a Certificate of Mailing at their own expense if they choose

PARCEL ID# _____

FROM: _____

FIRST-CLASS MAIL PACKAGE RATE

ROUND DATE STAMP _____

**MERCHANDISE RETURN
MAILING ACKNOWLEDGMENT**

PERMIT NO.4 HUDSON FL 34667
DENTAL HANDPIECE USA 16720 BACHMANN AVE

Tracking if purchased by customer #:
