

**FROM** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postage Due Computed  
By Postage Due Unit  
POSTAGE \_\_\_\_\_  
DELIVERY CONFIRMATION FEE \_\_\_\_\_  
INSURANCE FEE \_\_\_\_\_  
TOTAL POSTAGE AND FES DUE \_\_\_\_\_

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

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**PRIORITY MAIL**

0004

**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

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**MERCHANDISE RETURN LABEL**

PERMIT NO 66-000

WALLINGFORD CT 06492

CT.G.B. PROCESSING

PO BOX 280

**POSTAGE DUE UNIT  
US POSTAL SERVICE  
4 S MAIN ST**

**WALLINGFORD CT 06492-9994**

