

FROM : _____

**POSTAGE DUE COMPUTED BY
ACCEPTANCE POST OFFICE**

POSTAGE _____

INSURANCE FEE (IF ANY) _____

MERCHANDISE RETURN FEE _____

TOTAL POSTAGE AND FEES DUE _____

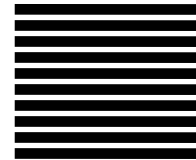
FIRST CLASS

MERCHANDISE RETURN LABEL

PERMIT NO. 10
J WHITNEY FRAME

PLAINVILLE CT
15 N WASHINGTON ST FL2

NO POSTAGE
NECESSARY IF
MAILED IN
UNITED STATES



**POSTAGE DUE UNIT
US POSTAL SERVICE
PO BOX 9998
PLAINVILLE CT 06062-9998**