

DuPont® Tyvek™
Protect What's Inside™

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PLEASE PRESS FIRMLY

RECIPIENT

The sender has requested notification upon delivery.
Immediately upon receipt, please telephone:

NAME: _____

Tel. No.: () _____

PLEASE PRESS FIRMLY



Mailing Envelope
For Domestic Use



EXTREMELY URGENT

Please Rush To

Visit us at usps.com

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) _____ PHONE () _____
Spreemover Trucking
PO Box 46
Wickwood PA 17586

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com or local Post Office™ for availability.

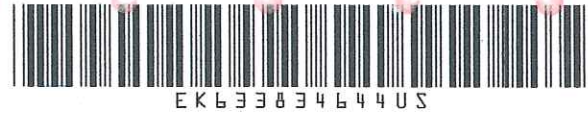
TO: (PLEASE PRINT) _____ PHONE () _____
PA RUE
Attn. Christopher Williams
PO Box 3265
Dunstable, PA 17005

ZIP + 4® (U.S. ADDRESSES ONLY)
17105

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 insurance included.

Check \$500

C-2013-2387085



ORIGIN (POSTAL SERVICE USE ONLY)			
<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO, ZIP Code 17586	Scheduled Delivery Date (MM/DD/YY) 6-4-15	Postage \$ 16 ⁹⁵	
Date Accepted (MM/DD/YY) 6-3-15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 4:28 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight <input type="checkbox"/> Flat Rate 0 lbs. 1 oz.	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 16 ⁹⁵	
Acceptance Employee Initials 353			
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9996 3-ADDRESSEE COPY

U.S. POSTAGE PAID
QUARRYVILLE, PA 17566
JUN 03, 15 AMOUNT
\$16.95
00014129-06

External Carrier: EXPRESS
Floor: _____
Agency: PUC
To PUC
CMPC

6/4/2015 10:15:35 AM
EKG33834644US

When used internationally affix customs declarations (PS Form 2976, or 2976A).



Please Recycle

EP-13C



2 HOPE
070909 EM EP-13C JULY 2009
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