

FROM: _____

POSTAGE DUE COMPUTED BY ACCEPTANCE POST OFFICE

POSTAGE _____

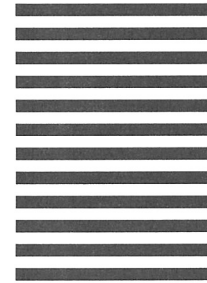
MERCHANDISE RETURN FEE _____

DELIVERY CONFIRMATION FEE \$ _____

TOTAL POSTAGE AND FEES DUE \$ _____

**PARCEL
POST**

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



MERCHANDISE RETURN LABEL
PERMIT NO. 41 KANSAS CITY, MO 64108
BROOKFIELD UNIFORMS 1715 LINN ST.

POSTAGE DUE UNIT
US POSTAL SERVICE
PO BOX 9998
KANSAS CITY, MO 64116-9998