

FROM : _____

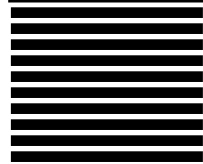
POSTAGE COMPUTED BY
ACCEPTANCE POST OFFICE

POSTAGE _____

TOTAL POSTAGE AND FEES DUE \$ _____

PARCEL POST

NO POSTAGE
NECESSARY IF
MAILED IN
UNITED STATES



MERCHANDISE RETURN LABEL
PERMIT NO. 4395 NEW YORK NY 10011
ANDRADE SHOE REPAIR 487 6TH AVE

**POSTAGE DUE UNIT
US POSTAL SERVICE
217 W 18TH ST
NEW YORK NY 10011-9998**