

FROM: _____

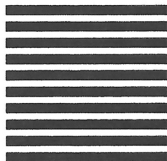
POSTAGE DUE COMPUTED BY

ACCEPTANCE UNIT

PRIORITY MAIL

TOTAL POSTAGE AND FEES DUE: _____

**NO POSTAGE
NECESSARY IF
MAILED IN
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**PERMIT NO. 10-002
ARTIZAHN DENTAL STUDIO INC**

**CANANDAIGUA NY 14424
13 COY ST**

**POSTAGE DUE UNIT
US POSTAL SERVICE
PO BOX 9998
CANANDAIGUA NY 14424-9998**