

DL-30  
Invoice Number 70638 Date 3/20/63

Form of Information for U. S. C. B. SHIPMENT by **SEA AIR** Express  
Shipping Point **LOS ANGELES, CALIF.**

TYPE (7-59)  
SHIPPED IN U.S.A.

SHIPMENT TO BE DELIVERED TO  
**A. J. Hedell**  
**P.O. Box 2915**  
**Dallas, Texas**  
Shipper's Invoice No. **5371**

REMIT AMOUNT COLLECTED TO  
(Print or Type Name and Address Below)  
**SEAFORT TRADERS, INC.**  
**221 SOUTH GRAND AVE.**  
**LOS ANGELES 5, CALIF.**  
LOS ANGELES, CALIF.

Amount of C.B.R. **19.95**  
C.B.R. Service Charge **1.27**  
Is master charge to be collected from consignee? **OK**  
(Say Yes or No)  
(For Reconciliation Agent's Use Only)  
Amount to Be Paid **19.95**

SHIPPER'S SPECIAL INSTRUCTIONS  
AGENCY AT DESTINATION must use this name and address of party to whom proceeds are to be paid, and specify the party to whom they are to be paid in the "Amount to be Paid" box in lower right corner. Follow the special instructions of consignee, and be sure they conform with General Regulations of General Post Office.

AGENCY AT SHIPPING POINT must use that party's name and address as plainly written or printed in the space provided above.  
SHIPPER'S SPECIAL INSTRUCTIONS  
**349**

C. O. D. DRAFT ISSUED  
**1843**  
C. O. D. DRAFT ISSUED

D-95  
**FBI**  
LABORATORY