

**FEDEX**  
**EXPRESS**

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTIENENTAL U.S.A., ALASKA AND HAWAII.  
FOR INTERNATIONAL SHIPMENTS, SEE THE FEDEX AIRBILL FOR INTERNATIONAL SHIPMENTS TO POLYTRIP HUB.  
QUESTIONS? CALL 800-228-5353 TOLL FREE.

**AIRBILL**

**PACKAGE**  
**TRACKING NUMBER**

**9338473655**

**SENDER'S COPY**

Sender's Federal Express Account Number: **9338473655** Date: **10-7-99**

From (Our Name) Please Print: **HAROLD WEISBERG** Your Phone Number (Very Important): **(4301) 473-8186**

Company: **HAROLD WEISBERG** Department/Floor No.: **110494220**

Street Address: **7627 OLD RECEIVER ROAD** State: **MD** ZIP Required: **21701**

City: **FREDERICK** State: **MD** ZIP Required: **21701**

3 YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE)

PAYMENT:  Bill Sender  Bill Recipient's Fedex Acct. No.  Bill 3rd Party Fedex Acct. No.  Bill Credit Card

4 SERVICES:  PRIORITY 1  OVERNIGHT LETTER\*  GROUND-PAK  OVERNIGHT ENVELOPE  OVERNIGHT BOX  OVERNIGHT TUBE  STANDARD AIR Delivery not later than specified business day \*Declared Value Limit \$100.

DELIVERY AND SPECIAL HANDLING:  HOLD FOR PICK-UP  DELIVER WENDAY  DANGEROUS GOODS  CONSTANT SURVEILLANCE SERVICE (CSS)  DRY ICE  OTHER SPECIAL SERVICE  SATURDAY PICK-UP  HOLIDAY DELIVERY

PACKAGES	WEIGHT	non declare value	OTHER VALUE
	LBS		
	LBS		
	LBS		
	LBS		
	Total	Total	Total

5 (To Recipient's Name) Please Print: **STARR DEPARTMENT** Recipient's Phone Number (Very Important): **(918) 925-2905**

Company: **1001 ANGLIC** Department/Floor No.: **11724 VANHATERA BLVD**

Exact Street Address (We cannot deliver to P.O. Boxes or R.F.D. \* ZIP Codes): **11724 VANHATERA BLVD** State: **GA** ZIP Required: **91604**

City: **STUDIO CITY** State: **GA** ZIP Required: **91604**

6 IF HOLD FOR PICK-UP, PRINT FEDEX ADDRESS HERE

**SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY**

Use of this airbill constitutes your agreement to the service conditions in our current Service Guide which is available upon request. See back of sender's copy of this airbill for further information.

We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay or non-delivery, unless you have declared a value in excess of \$100 and we have accepted that value. In the event of a claim, maximum amount insurable is based on the current Federal Express for value of the shipment, not the actual value of the goods. We are not responsible for loss of or damage to contents of any other form of damage when direct, incidental, consequential or otherwise. We are not responsible for loss of or damage to contents of any other form of damage when direct, incidental, consequential or otherwise. In the event of untimely delivery, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information.

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall claim any and all business Federal Express from any release resulting therefrom.

Release Signature: \_\_\_\_\_

Federal Express Use  
Base Charges  
Declared Value Charge  
Other 1  
Other 2  
Total Charges

PART #04128890  
REVISION DATE 1/88  
PRINTED IN U.S.A. WMSL  
**0091**  
© 1998 F.E.C.



**SENDER'S COPY**

**EXPRESS**

9338473675

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.  
USE THE INTERNATIONAL AIR MAIL BILL FOR SHIPMENTS TO FOREIGN AIRS.  
QUESTIONS? CALL 800-535-3599 TOLL FREE.

**AIRBILL**

PACKAGE TRACKING NUMBER

9338473675

**SENDER'S COPY**

Sender's Federal Express Account Number \_\_\_\_\_ Date \_\_\_\_\_

**1** From (Your Name) Please Print \_\_\_\_\_ Your Phone Number (Very Important) \_\_\_\_\_  
 Company \_\_\_\_\_ Department/Floor No. \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Required \_\_\_\_\_

**2** To (Recipient's Name) Please Print \_\_\_\_\_ Recipient's Phone Number (Very Important) \_\_\_\_\_  
 Company \_\_\_\_\_ Department/Floor No. \_\_\_\_\_  
 Exact Street Address (We cannot deliver to P.O. Boxes or R.D. # Zip Codes.) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Required \_\_\_\_\_

**3** YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)  
 PAYMENT  Bill Sender  Bill Recipient's Fedex Acct. No.  Bill 3rd Party Fedex Acct. No.  Bill Credit Card  
 Cash \_\_\_\_\_

**4** SERVICES DELIVERY AND SPECIAL HANDLING

1 <input type="checkbox"/> <b>PRIORITY 1</b> Overnight Delivery	6 <input type="checkbox"/> <b>OVERNIGHT LETTERS</b>	1 <input type="checkbox"/> <b>HOLD FOR PICK-UP</b> (See Box 14)	2 <input type="checkbox"/> <b>DELIVER WEEKDAY</b>	3 <input type="checkbox"/> <b>DANGEROUS GOODS</b>	4 <input type="checkbox"/> <b>CONCRETE SURVEILLANCE SERVICE (CSS)</b> <small>Extra charge. Previous Signature Not Accepted.</small>	5 <input type="checkbox"/> <b>DATE</b> _____ L.A.	6 <input type="checkbox"/> <b>OTHER SPECIAL SERVICE</b> _____	7 <input type="checkbox"/> <b>SATURDAY PICK-UP</b> <small>Extra charge.</small>	8 <input type="checkbox"/> <b>REGULAR STOP</b>	9 <input type="checkbox"/> <b>ON-CALL STOP</b>	10 <input type="checkbox"/> <b>STATION</b>	11 <input type="checkbox"/> <b>FEDEX CORP. EMPLOYEE NO.</b> _____	12 <input type="checkbox"/> <b>PRINT DELIVERY</b> (in address) <small>Extra charge.</small>
--	---	--	---	---	--	--	---	--	--	--	--	---	--

PACKAGES	WEIGHT	YOUR DECLARED VALUE	OTHER SIZE
	LBS		
	LBS		
	LBS		
Total	Total	Total	Total

**5** **IF HOLD FOR PICK-UP, Print FEDEX Address Here**  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Required \_\_\_\_\_

**SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY**  
 Use of this airtel constitutes your agreement to the service conditions in our current Service Guide which is available upon request. See back of sender's copy of this airtel for further information. We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay or non-delivery, unless you have declared a value in excess of \$100. In the event of a claim, maximum amount limitations found in the current Federal Express Service Guide apply. Your option to receive from Federal Express is limited to the amount of the declared value in the event of a claim. We assume no responsibility for loss of, or damage to, any other form of damage, whether direct, incidental, consequential or otherwise, including but not limited to, loss of interest, income, or other benefits. In the event of a claim, we will not be responsible for any other loss to the bill, no matter how small, your recovery exceeds your actual loss in the event of injury, delay, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information.

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.  
 Release Signature \_\_\_\_\_

Federal Express Use  
 Base Charges \_\_\_\_\_  
 Declared Value Charge \_\_\_\_\_  
 Other 1 \_\_\_\_\_  
 Other 2 \_\_\_\_\_  
 Total Charges \_\_\_\_\_

PART #204173000  
 REVISION DATE 1/88  
 PRINTED IN U.S.A. WSEL  
 009  
 © 1988 F.E.C.

**EXPRESS**

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S., ALASKA AND HAWAII.  
FOR THE INTERNATIONAL AIRWAY BILL FOR SHIPMENTS TO PUERTO RICO.  
REGISTRATION CALL 800-525-5889 TOLL FREE.

**AIRBILL**

PACKAGE TRACKING NUMBER

1007838922

1007838922

110494220

RECIPIENT'S COPY

1 From (Origin Name) Please Print  
Company: **SABIAN PRODUCTIONS**  
Street Address: **2224 VENTURA BLVD**  
City: **STUDIO CITY** State: **CA** ZIP Required: **91604**

2 To (Recipient's Name) Please Print  
Company: **Harold Helleberg**  
Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. \* Zip Codes.): **707 RD. KENNEDY 990**  
City: **Redmond** State: **MD** ZIP Required: **21701**

3 YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)  
City: **STUDIO CITY** State: **CA** ZIP Required: **91604**

4 SERVICES  
 PRIORITY 1 OVERNIGHT  
 COURIER-PAK ENVELOPE 7  
 OVERNIGHT BOX 8  
 OVERNIGHT TUBE 9  
 STANDARD MAIL 10  
 AIR MAIL 11  
 2nd business day second business day 12  
 DELIVER WEEKDAY  
 DANGEROUS GOODS  
 CONSTANT SURVEILLANCE SERVICE (CSS)  
 BMT ICE  
 OTHER SPECIAL SERVICE  
 SATURDAY PICK-UP  
 MILITARY DELIVERY (if allowed)

5 DELIVERY AND SPECIAL HANDLING  
 HOLD FOR PICK-UP (pick up by 11:30 AM)  
 DELIVER WEEKDAY  
 DANGEROUS GOODS  
 CONSTANT SURVEILLANCE SERVICE (CSS)  
 BMT ICE  
 OTHER SPECIAL SERVICE  
 SATURDAY PICK-UP  
 MILITARY DELIVERY (if allowed)

PACKAGES	WEIGHT	YOUR ORIGINAL WEIGHT	OTHER WEIGHT
1	LBS		
2	LBS		
3	LBS		
4	LBS		
Total	Total	Total	Total

6 PAYMENT  
 Bill Sender  
 Bill Recipient's FedEx Acct. No.  
 Bill 3rd Party FedEx Acct. No.  
 Bill Credit Card

7 Received At  
 Regular Stop  
 On-Call Stop  
 Drop Box  
 BSC  
 Station

8 Date/Time for FEDEX Use  
 Date: **1/27/83**  
 Time: **11:00 AM**

9 Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.  
 Release Signature: \_\_\_\_\_  
 Date/Time Received: \_\_\_\_\_  
 FedEx Employee Number: \_\_\_\_\_

10 Federal Express Use  
 Base Charges: \_\_\_\_\_  
 Declared Value Charge: \_\_\_\_\_  
 Other 1: \_\_\_\_\_  
 Other 2: \_\_\_\_\_  
 Total Charges: \_\_\_\_\_

11 PART #11180  
 REVISION DATE 7/88  
 PRINTED IN U.S.A. GBE  
 0091  
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# SENDER'S COPY



USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.  
USE THE INTERNATIONAL AIR MAIL FOR SHIPMENTS TO PUERTO RICO.  
QUESTIONS? CALL 800-238-5993 TOLL FREE.

AIRBILL

PACKAGE TRACKING NUMBER

**9338473690**

SENDER'S COPY

<p>Sender's Federal Express Account Number <b>9338473690</b></p> <p>Date</p>	<p>Your Phone Number (Very Important) (301) 473-9195</p> <p>Department/Floor No.</p>	<p>To (Recipient's Name) Please Print <b>Total Artco</b></p> <p>Company <b>Total Artco</b></p> <p>Exact Street Address (We cannot deliver to P.O. Boxes or R.O. # Zip Codes.) <b>11724 Vantage Blvd</b></p> <p>City <b>STUDIO CITY CA</b></p> <p>State <b>CA</b></p> <p>ZIP Required <b>91604</b></p>	<p>Recipient's Phone Number (Very Important) (919) 985-2905</p> <p>Department/Floor No.</p>										
<p>From (Your Name) Please Print <b>ABOLD WEISBERG</b></p> <p>Company <b>ABOLD WEISBERG</b></p> <p>Street Address <b>7527 OLD PROCTERS ROAD</b></p> <p>City <b>FREDERICK MD</b></p> <p>State <b>MD</b></p> <p>ZIP Required <b>21701</b></p>	<p><b>YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE)</b></p>												
<p><b>3 PAYMENT</b> Bill Sender <input type="checkbox"/> Bill Recipient's Fedex Acct. No. <input type="checkbox"/> Bill Paid Party Fedex Acct. No. <input type="checkbox"/> Bill Credit Card <input type="checkbox"/></p> <p>Cash <input type="checkbox"/> <b>11020220</b></p>													
<p><b>4 SERVICES</b></p> <p>1 <input type="checkbox"/> <b>PRIORITY</b> Overnight Delivery</p> <p>2 <input type="checkbox"/> <b>COURIER-PAK</b> Envelope</p> <p>3 <input type="checkbox"/> <b>OVERNIGHT</b> Box</p> <p>4 <input type="checkbox"/> <b>OVERNIGHT</b> Tube</p> <p>5 <input type="checkbox"/> <b>STANDARD</b> Air Delivery second business day</p> <p>*Declared Value Limit \$100.</p>													
<p><b>DELIVERY AND SPECIAL HANDLING</b></p> <p>1 <input type="checkbox"/> <b>HOLD FOR PICK-UP</b> (9 a.m. to 4 p.m.)</p> <p>2 <input type="checkbox"/> <b>DELIVER WEEKDAY</b></p> <p>3 <input type="checkbox"/> <b>DELIVER SATURDAY</b> (fees apply)</p> <p>4 <input type="checkbox"/> <b>DANGEROUS GOODS</b> (fees apply)</p> <p>5 <input type="checkbox"/> <b>CONSTANT SURVEILLANCE SERVICE (CSS)</b> (fees apply) (see Special Services for details)</p> <p>6 <input type="checkbox"/> <b>DMT USE</b> (fees apply)</p> <p>7 <input type="checkbox"/> <b>OTHER SPECIAL SERVICE</b></p> <p>8 <input type="checkbox"/> <b>SATURDAY PICK-UP</b> (fees apply)</p> <p>9 <input type="checkbox"/> <b>NONDAY DELIVERY</b> (fees apply)</p> <p>10 <input type="checkbox"/> <b>NONDAY DELIVERY</b> (fees apply)</p> <p>11 <input type="checkbox"/> <b>NONDAY DELIVERY</b> (fees apply)</p> <p>12 <input type="checkbox"/> <b>NONDAY DELIVERY</b> (fees apply)</p>													
<p><b>PACKAGES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>WEIGHT</th> <th>FROM RECEIVED OVER SIZE</th> </tr> </thead> <tbody> <tr> <td>1 LBS</td> <td></td> </tr> <tr> <td>2 LBS</td> <td></td> </tr> <tr> <td>3 LBS</td> <td></td> </tr> <tr> <td>Total</td> <td>Total</td> </tr> </tbody> </table>		WEIGHT	FROM RECEIVED OVER SIZE	1 LBS		2 LBS		3 LBS		Total	Total	<p><b>FROM RECEIVED OVER SIZE</b></p> <p>1 <input type="checkbox"/> Regular Stop</p> <p>2 <input type="checkbox"/> On-Call Stop</p> <p>3 <input type="checkbox"/> Drop Box</p> <p>4 <input type="checkbox"/> BSC</p> <p>5 <input type="checkbox"/> Station</p> <p>FEDEX Corp. Employee No.</p> <p>Date/Time for FEDEX Use</p>	
WEIGHT	FROM RECEIVED OVER SIZE												
1 LBS													
2 LBS													
3 LBS													
Total	Total												
<p><b>5 SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY</b></p> <p>Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.</p> <p>Relates Signature _____</p>													
<p><b>FEDERAL EXPRESS USE</b></p> <p>Base Charges</p> <p>Declared Value Charge</p> <p>Other 1</p> <p>Other 2</p> <p>Total Charges</p> <p>REVISION DATE 1/88</p> <p>PRINTED IN U.S.A. WGSCL</p> <p>009</p> <p>© 1989 F.E.C.</p>													

**EXPRESS**

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII. USE THE INTERNATIONAL AIR MAIL FOR SHIPMENTS TO PUERTO RICO. QUESTIONS? CALL 800-238-5335 TOLL FREE.

**AIRBILL**

PACKAGE TRACKING NUMBER

1931036002

RECIPIENT'S COPY

*Chick*

0279K 1931036002 Date 27 OCT 80

From (Your Name) Please Print

Company

13700 THIRTI WAY STE 124

Street Address

City

State

ZIP Required

90229-2

Department/Floor No.

Your Phone Number (Very Important)

(310) 277-1116

To (Recipient's Name) Please Print

Company

7527 OLD RECEIVED POST

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. & Zip boxes.)

City

State

ZIP Required

Department/Floor No.

Recipient's Phone Number (Very Important)

(301) 473-8114

IF HOLD FOR PICK-UP, Print FEDEX Address Here

Street Address

City

State

ZIP Required

5

3

4

1

2

3

4

5

**1**  **PRIORITY 1** Overnight Delivery  **6** **LETTERS**

**2**  **COURIER-PAK** Overnight Envelopes  **7**

**3**  **OVERNIGHT** Box  **8**

**4**  **OVERNIGHT** Tube  **9**

**5**  **STANDARD** Mail  **10** (not later than second business day)

\*Declared Value Limit \$100

**DELIVERY AND SPECIAL HANDLING**

**1**  **HOLD FOR PICK-UP** (P.O. Box 14)

**2**  **DELIVER WEEKDAY**

**3**  **DELIVER SATURDAY** (extra charge)

**4**  **DAANGEROUS GOODS** (extra charge)

**5**  **CONSTANT SURVEILLANCE SERVICE (CSS)** (extra charge)

**6**  **DMT ICE** (Lbs)

**7**  **OTHER SPECIAL SERVICE**

**8**  **SATURDAY PICK-UP** (extra charge)

**9**  **NO LIAISON DELIVERY** (if desired)

**12**  **NO LIAISON DELIVERY** (if desired)

PACKAGES	WEIGHT	VOLUME	DECLARED VALUE
	LBS	CU FT	USD
1	1.92	0.18	1.92
2	1.92	0.18	1.92
3	1.92	0.18	1.92
4	1.92	0.18	1.92
5	1.92	0.18	1.92
6	1.92	0.18	1.92
7	1.92	0.18	1.92
8	1.92	0.18	1.92
9	1.92	0.18	1.92
10	1.92	0.18	1.92
11	1.92	0.18	1.92
12	1.92	0.18	1.92
Total	19.2	1.8	19.2

Received At:  Regular Stop  On-Call Stop  Drop Box  B.S.C.  Station

FEDEX Corp. Employee No. \_\_\_\_\_

Date/Time for FEDEX Use \_\_\_\_\_

Emp. No. \_\_\_\_\_ Date \_\_\_\_\_

Cash Received  Return Slip  Third Party  Chg to Ok  Chg to Hold

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Received By: \_\_\_\_\_

Date/Time Received \_\_\_\_\_ FedEx Employee Number \_\_\_\_\_

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature \_\_\_\_\_

9/89 F.E.C.

PAYMENT  Bill Sender  Bill Recipient's Fedex Acct. No.  Bill 3rd Party Fedex Acct. No.  Bill Credit Card

Cash

Federal Express Use

Base Charges

Declared Value Charge

Other 1

Other 2

Total Charges

9/89 F.E.C.

PRINTED IN U.S.A. 7/88

REVISION DATE 7/88

009

# SENDER'S COPY

**EXPRESS**

**933 8473701**

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTIGUOUS U.S.A., ALASKA AND HAWAII.  
QUESTIONS: CALL 800-238-5393 TOLL FREE.

**AIRBILL**

**PACKAGE TRACKING NUMBER**

**933 8473701**

**SENDER'S COPY**

Sender's Federal Express Account Number _____ Date _____		Your Phone Number (Very Important) _____	
From (Your Name) Please Print _____		Department/Floor No. _____	
Company _____		Company _____	
Street Address _____		Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.) _____	
City _____ State _____ ZIP Required _____		City _____ State _____ ZIP Required _____	
<b>YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)</b>			
PAYMENT <input type="checkbox"/> Bill Sender <input type="checkbox"/> Bill Recipient's Fedex Acct. No. <input type="checkbox"/> Bill 3rd Party Fedex Acct. No. <input type="checkbox"/> Bill Credit Card		City _____ State _____ ZIP Required _____	
<b>4 SERVICES</b>		<b>DELIVERY AND SPECIAL HANDLING</b>	
1 <input type="checkbox"/> <b>PRIORITY</b> 6 <input type="checkbox"/> <b>OVERNIGHT LETTER*</b> <small>(Overnight Delivery)</small>	1 <input type="checkbox"/> <b>HOLD FOR PICK-UP</b> <small>Fee in Box 11</small> 2 <input type="checkbox"/> <b>DELIVER WEEKDAY</b> 3 <input type="checkbox"/> <b>DELIVER SATURDAY</b> 4 <input type="checkbox"/> <b>DANGEROUS GOODS</b> 5 <input type="checkbox"/> <b>CONSTANT SURVEILLANCE SERVICE (CSS)</b> 6 <input type="checkbox"/> <b>DAY ICE</b> _____ Lbs. _____	PACKAGES _____ WEIGHT _____ VALUE (See page 1) _____ NET WEIGHT _____ NET SIZE _____	<b>SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY</b> Use of this airbill constitutes your agreement to the service conditions in our current Service Guide which is available upon request. See back of sender's copy of this airbill for further information of \$100 per package. We will not be responsible for any damage, loss or non-delivery unless you specify a higher amount in the space to the left. Day 40c per additional \$100 specified and document your actual loss in the Federal Express Service Guide apply. Your rights to recover from Federal Express for loss of the net value of the package, as well as for loss of contents, income, interest, profit, delivery time costs and special is limited to the greater of \$100 or the declared value specified to the left. In no event shall your recovery exceed your actual loss. In the event of untimely delivery, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information.
2 <input type="checkbox"/> <b>GOVERNMENT ENVELOPE*</b> 7 <input type="checkbox"/> <b>GOVERNMENT BOX</b> 8 <input type="checkbox"/> <b>GOVERNMENT TUBE</b> 9 <input type="checkbox"/> <b>STANDARD AIR Delivery not later than second business day</b> 10 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 11 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 12 <input type="checkbox"/> <b>HOLIDAY DELIVERY</b> <small>(if allowed from company)</small>	1 <input type="checkbox"/> <b>REGULAR STOP</b> 2 <input type="checkbox"/> <b>DELIVER ON STOP</b> 3 <input type="checkbox"/> <b>DELIVER AT DROP BOX</b> 4 <input type="checkbox"/> <b>DELIVER AT B.S.C. STATION</b>	Received At _____ 1 <input type="checkbox"/> Regular Stop 2 <input type="checkbox"/> Deliver on Stop 3 <input type="checkbox"/> Deliver at Drop Box 4 <input type="checkbox"/> Deliver at B.S.C. Station	
5 <input type="checkbox"/> <b>STANDARD AIR Delivery not later than second business day</b> 10 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 11 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 12 <input type="checkbox"/> <b>HOLIDAY DELIVERY</b> <small>(if allowed from company)</small>		Date/Time for FEDEX Use _____	
5 <input type="checkbox"/> <b>STANDARD AIR Delivery not later than second business day</b> 10 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 11 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 12 <input type="checkbox"/> <b>HOLIDAY DELIVERY</b> <small>(if allowed from company)</small>		Release Signature _____	
5 <input type="checkbox"/> <b>STANDARD AIR Delivery not later than second business day</b> 10 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 11 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 12 <input type="checkbox"/> <b>HOLIDAY DELIVERY</b> <small>(if allowed from company)</small>		Sender authorizes Federal Express to deliver this shipment indemnity and hold harmless Federal Express from any claims resulting therefrom.	
5 <input type="checkbox"/> <b>STANDARD AIR Delivery not later than second business day</b> 10 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 11 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 12 <input type="checkbox"/> <b>HOLIDAY DELIVERY</b> <small>(if allowed from company)</small>		Federal Express Use Base Charges _____ Declared Value Charge _____ Other 1 _____ Other 2 _____ Total Charges _____	
5 <input type="checkbox"/> <b>STANDARD AIR Delivery not later than second business day</b> 10 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 11 <input type="checkbox"/> <b>STANDARD AIR Delivery second business day</b> 12 <input type="checkbox"/> <b>HOLIDAY DELIVERY</b> <small>(if allowed from company)</small>		PART #301773920 PRINTED IN USA, MADE IN USA 009 © 1986 F.E.C.	