

FROM: \_\_\_\_\_  
\_\_\_\_\_

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

ACCEPTANCE POST OFFICE COMPUTE POSTAGE DUE

POSTAGE \_\_\_\_\_  
MERCHANDISE RETURN FEE \_\_\_\_\_  
\*INSURANCE FEE (IF ANY) \_\_\_\_\_  
\*SPECIAL HANDLING FEE (IF ANY) \_\_\_\_\_  
TOTAL POSTAGE AND FEES DUE \$ \_\_\_\_\_

**PRIORITY  
MAIL**



**MERCHANDISE RETURN LABEL**  
PERMIT NO.1 MARENGO, IL 60152  
PARAGON SURGICAL 21106 RIVER RD

**Attn: Repair Dept.** **POSTAGE DUE UNIT**  
US POSTAGE SERVICE  
223 E GRANT HWY  
MARENGO, IL 60152-9998

**Cut out on dotted line.**