Appendix A
Postal Regulatory Commission
Submitted 5/19/2010 8:00:00 AM
Filing ID: 68086
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800 782-6724)

ITEMS ORDERED ○ Please check box to allow for substitutions

ITEM NUMBER	QUANTITY	PRICE (each)	TOTAL

ase indicate corrections here:

s the same as your billing address

3 weeks to receive mail orders.

M|M|Y|Y
EXPIRATION DATE (required)

PAYING BY MONEY ORDER (enclosed)

ST PAYMENT IF NECESSARY

SUBTOTAL	
SHIPPING	1 0 0
FOREIGN ADDRESS (+ $5.00)	
CUSTOMIZED ORDER (+ $2.00)	
REGISTERED ORDER (+ $10.60)	
GRAND TOTAL	

TEAR HERE

F O L D O V E R

you remember to include your name, address, phone number and payment or credit card information?

Order by phone