

Name and Address of Sender
 Centertown Offices
 123 Professional Avenue
 Suite 146
 Salt Lake City, UT 84124

Check type of mail or service:

<input type="checkbox"/> Certified	<input type="checkbox"/> Recorded Delivery (International)
<input type="checkbox"/> COD	<input type="checkbox"/> Registered
<input type="checkbox"/> Delivery Confirmation	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Insured	

Affix Stamp Here
 (If issued as a
 certificate of mailing,
 or for additional
 copies of this bill)
 Postmark and
 Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1. Adams, George F 08-12-2003	Adirondack Insurance Exchange P.O. Box 5155 Buffalo, NY 14240											
2. Aldermend, Robert T 12-10-2010	Adirondack Insurance Exchange P.O. Box 5155 Buffalo, NY 14240											
3. Young, Bert B 12-11-2010	Adirondack Insurance Exchange P.O. Box 5155 Buffalo, NY 14240											
4. Santos, Charlie M 12-11-2010	NY State Insurance Fund 1 Watervliet Avenue Ext. Albany, NY 11206											
5.												
6.												
7.												
8.												
Total Number of Pieces Listed by Sender 4	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)										
See Privacy Act Statement on Reverse												

Delivery Confirmation
 Signature Confirmation
 Special Handling
 Restricted Delivery
 Return Receipt