



USE THIS AIRBILL FOR SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
USE THE INTERNATIONAL AIR WAYBILL FOR SHIPMENTS TO PUERTO RICO AND ALL NON U.S. LOCATIONS.
QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL
PACKAGE
TRACKING NUMBER

2152793403

2152793403

RECIPIENT'S COPY

Date: 9/14

From (Your Name) Please Print: John Zaubler
Company: Spitzer for Attorney General
Street Address: 52 Vandorl H Ave
City: New York State: NY ZIP Required: 10017

Your Phone Number (Very Important): 012 1800-0335
Department/Floor No.: General

To (Recipient's Name) Please Print: Elena Sassowet
Company: [Blank]
Street Address: 283 Southview Ave
City: White Plains State: NY ZIP Required: 06006

Recipient's Phone Number (Very Important): 914 947-1105
Department/Floor No.: [Blank]

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)

PAYMENT 1 Bill Sender 2 Bill Recipient's FedEx Acct. No. 3 Bill 3rd Party FedEx Acct. No. 4 Bill Credit Card
5 Cash 6 Check

IF HOLD AT FEDEX LOCATION, Print FEDEX Address Here
Street Address: [Blank]
City: [Blank] State: [Blank] ZIP Required: [Blank]

4 SERVICES (Check only one box)

Priority Overnight (Delivery by next business morning) 11 <input type="checkbox"/> OTHER PACKAGING 16 <input type="checkbox"/> FEDEX LETTER 12 <input type="checkbox"/> FEDEX PAK* 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE Economy Two-Day (Delivery by second business day) 30 <input checked="" type="checkbox"/> ECONOMY** *Economy Letter Rate not available Minimum charge: One pound Economy rate. Freight Service (For packages over 150 lbs.) 70 <input type="checkbox"/> OVERNIGHT FREIGHT** (Confirmed reservation required) †Delivery commitment may be later in some areas. 80 <input type="checkbox"/> TWO-DAY FREIGHT** **Declared Value Limit \$500. ††Call for delivery schedule.	Standard Overnight (Delivery by next business afternoon. No Saturday delivery) 51 <input type="checkbox"/> OTHER PACKAGING 56 <input type="checkbox"/> FEDEX LETTER 52 <input type="checkbox"/> FEDEX PAK* 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE Government Overnight (Restricted for authorized users only) 46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE
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5 DELIVERY AND SPECIAL HANDLING (Check services required)

Weekday Service 1 <input type="checkbox"/> HOLD AT FEDEX LOCATION WEEKDAY (Fill in Section H) <input checked="" type="checkbox"/> DELIVER WEEKDAY Saturday Service 31 <input type="checkbox"/> HOLD AT FEDEX LOCATION SATURDAY (Fill in Section H) 3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations) 9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge) Special Handling 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 6 <input type="checkbox"/> DRY ICE (Dangerous Goods Shipper's Declaration not required) Dry Ice, 3 UN 1845, _____ X _____ kg. 904 III _____ DESCRIPTION _____ 12 <input type="checkbox"/> HOLIDAY DELIVERY (if offered) (Extra charge)	6 PACKAGES: [Blank] WEIGHT in Pounds Only: 15 YOUR DECLARED VALUE (See right): 15 DIM SHIPMENT (Chargeable Weight) L x W x H Received At: 1 <input type="checkbox"/> Regular Stop 3 <input type="checkbox"/> Drop Box 2 <input type="checkbox"/> On-Call Stop 4 <input checked="" type="checkbox"/> B.S.C. Station 5 <input type="checkbox"/> Station
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Emp. No.: [Blank] Date: [Blank]

Federal Express Use

Cash Received
 Return Shipment
 Third Party Chg. To Del. Chg. To Hold

Street Address: [Blank]
 City: [Blank] State: [Blank] Zip: [Blank]

Received By: X
 Date/Time Received: [Blank] FedEx Employee Number: [Blank]

REVISION DATE 3/84
 PART #137204, WC SL 0594
 FORMAT #158

158

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Release Signature: [Blank]