

PRST STD  
US POSTAGE PAID  
READING, PA  
PERMIT #412



PLACE STAMP  
HERE

Company Name  
Attn: Company Department  
Company Street  
Company Address

|||||

0-000 \*\*\*\*\*AUTO\*\*MIXED AADC 000

Customer Name      *Or Current Occupant*

Customer Street

Customer Address

