

NEW HAMPSHIRE MAILING  
SERVICES, INC.  
30 TERRILL PARK DRIVE  
CONCORD, NH 03301

EXHIBIT A

July 2, 2003

TEL. (603) 226-4300  
FAX (603) 226-4399

Michael L. Averill, CPCU  
10 Chestnut Drive  
Suite B  
Bedford, New Hampshire 03110

Dear Mike:

Re: Mailing Services Confirmation

This will confirm that New Hampshire Mailing Services made mailings on behalf of The Home Insurance Company In Liquidation and US International Reinsurance Company in Liquidation. The mailings consisted of three items for each company. Those items were:

- A Notice of Liquidation;
- A Proof of Claim Form; and
- An Instruction Sheet for the Proof of Claim Form.

A sample of each notice is attached for reference.

Mailings were made via first class mail to:

326,437 domestic recipients for Home Insurance  
3,694 foreign recipients via DHL for Home Insurance  
975 domestic recipients and USIRE  
328 foreign recipients via DHL for USIRE  
1405 domestic recipients for HIC (Notice of Policy or Bond Cancellation)

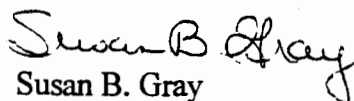
Mailings were made to a total of 332,839 recipients.

Attached, to verify the mailings, are copies of US Postal Form 3602 which confirm delivery to the United States Postal Service for domestic mailings on June 26, June 27, June 30, and July 1, 2003. Also attached are the DHL Packing Slips which confirm DHL's receipt of the foreign mailings on June 30th and July 1, 2003.

Enclosed is a CD ROM that contains the list of the names and addresses to whom the mailings were made as supplied by REM.

If you have any questions or need any additional information, please do not hesitate to contact me.

Regards,

  
Susan B. Gray  
General Manager

United States Postal Service  
**Postage Statement — First-Class Mail**  
**Permit Imprint**

Comments:

Post Office: Note Mail Arrival  
*9:00 am*

Maller Information	Permit Holder's Name and Address, and Email Address if Any NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Mailing Agent (if other than permit holder) NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Individual or Organization for Which Mailing Is Prepared (if other than permit holder) The Home Insurance Company In Liquidation PO Box 1720 Manchester NH 03105-1720
	CAPS Cust. Ref. ID _____ Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

Mailing Information	Post Office of Mailing CONCORD NH	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats	Mailing Date 6/26/2003	Federal Agency Cost Code	Statement Seq. No. HOME LOT #1	Number of Containers 1' MM Trays 65 2' MM Trays 287
	Permit No. 1494	<input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Weight of a Single Piece 0.0542 pound		Total Pieces 86,582	2' EMM Trays Flat Trays Sacks Pallets 7 Other
For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post		Total Weight 4,692.7444				
For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/20/2003		For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/20/2003				

Postage Computation (DMM P013)	For Automation Letters	Total From Part A (On reverse)	21,346.7670
	For Automation Flats	Total From Part B (On reverse)	
	For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	4,316.9280
	For Automation and Nonautomation Cards	Total From Part D (On reverse)	
	For Special Services and Other Fees	Total From Attached Form 3540-S	
	Postmaster: Report total postage in AIC 121.	<b>Total Postage (Add lines above)</b>	
For USPS Use Only: Additional Postage Payment (State reason)			
Postmaster: Report total adjusted postage in AIC 121.		<b>Total Adjusted Postage (Add additional postage to total postage)</b>	

**Certification**

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Maria Torresal</i>	Name of Mailer or Agent NH MAILING SERVICES	Telephone (603)-226-4300
---	--	-----------------------------

USPS Use Only	Weight of a Single Piece 0.0542 pound	Are figures as left adjusted from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Total Pieces 86,582	Total Weight 4,692.7444	
	Total Postage 25,663.70		
	Check One (if applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailer Notified	Contact
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).		By (Initials) <i>AM</i>
Verifying Employee's Signature <i>[Signature]</i>	Verifying Employee's Name MAMBAULT	Time AM	



United States Postal Service  
**Postage Statement — First-Class Mail**  
**Permit Imprint**

Comments: \_\_\_\_\_  
 Post Office: **125**

<b>Mailer Information</b> Permit Holder's Name and Address, and Email Address if Any Telephone (603)-226-4300	Name and Address of Mailing Agent (If other than permit holder) Telephone (603)-226-4300	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) The Home Insurance Company in Liquidation PO Box 1720 Manchester NH 03105-1720
CAPS Cust. Ref. ID _____ Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____

Post Office of Mailing CONCORD NH	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Mailing Date 6/27/2003	Federal Agency Cost Code	Statement Seq. No. HOME LOT #2	Number of Containers 1' MM Trays 64 2' MM Trays 263 Flat Trays Sacks Pallets 6 Other
Permit No. 1494	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	Weight of a Single Piece 0.0542 pound	Total Pieces 79,832	Total Weight 4,326.8944	
For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/20/2003	For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/20/2003				

For Automation Letters	Total From Part A (On reverse)	19,839.3630
For Automation Flats	Total From Part B (On reverse)	
For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	4,070.8800
For Automation and Nonautomation Cards	Total From Part D (On reverse)	
For Special Services and Other Fees	Total From Attached Form 3540-S	
Postmaster: Report total postage in AIC 121.	<b>Total Postage (Add lines above)</b>	<b>23,910.24</b>
For USPS Use Only: Additional Postage Payment (State reason)		
Postmaster: Report total adjusted postage in AIC 121.	<b>Total Adjusted Postage (Add additional postage to total postage)</b>	

**Certification**

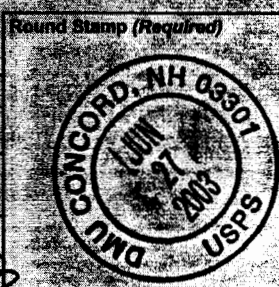
The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Marc Forrester</i>	Name of Mailer or Agent NH MAILING SERVICES	Telephone (603)-226-4300
---	--	-----------------------------

Weight of a Single Piece 0.0542 pound	Are figures at left reduced from Mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces 79,832	Total Weight 4,326.8944
Total Postage 23,910.24	
Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailer Notified _____ Contact _____ By (Initials) _____
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).	
Verifying Employee's Signature <i>[Signature]</i>	Verifying Employee's Name DENISE ARCHAMBAULT Time AM PM



United States Postal Service  
**Postage Statement — First-Class Mail**  
**Permit Imprint**

Comments:

Post Office: Note Mail

<b>Mailer Information</b>	Permit Holder's Name and Address, and Email Address If Any NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Mailing Agent (If other than permit holder) NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) The Home Insurance Company In Liquidation PO Box 1720 Manchester NH 03105-1720
	CAPS Cust. Ref. ID _____ Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

<b>Mailing Information</b>	Post Office of Mailing CONCORD NH	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Mailing Date 6/30/2003	Federal Agency Cost Code	Statement Seq. No. HOME LOT #3	Number of Containers 1' MM Trays 79 2' MM Trays 256 2' EMM Trays Flat Trays Sacks Pallets 6 Other
	Permit No. 1494		Weight of a Single Piece 0.0542 pound		Total Pieces 80,674 Total Weight 4,372.5308	
For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post						
For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/20/2003			For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/20/2003			

<b>Postage Computation (DMM P013)</b>	For Automation Letters	Total From Part A (On reverse)	20,747.9260
	For Automation Flats	Total From Part B (On reverse)	
	For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	3,290.1440
	For Automation and Nonautomation Cards	Total From Part D (On reverse)	
	For Special Services and Other Fees	Total From Attached Form 3540-S	
	Postmaster: Report total postage in AIC 121.	<b>Total Postage (Add lines above)</b>	
For USPS Use Only: Additional Postage Payment (State reason)			
Postmaster: Report total adjusted postage in AIC 121. <b>Total Adjusted Postage (Add additional postage to total postage)</b>			

**Certification**

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Maer Forrester</i>	Name of Mailer or Agent NH MAILING SERVICES	Telephone (603)-226-4300
---	--	-----------------------------

<b>USPS Use Only</b>	Weight of a Single Piece 0.0542 pound	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," Reason
	Total Pieces 80,674	Total Weight 4,372.5308
	Total Postage 24,038.07	

Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailer Notified	Contact	By (Initials)
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).			
Verifying Employee's Signature <i>[Signature]</i>	Verifying Employee's Name FORREST E PICKNELL	Time AM PM	



United States Postal Service  
**Postage Statement — First-Class Permits**  
 Permit Imprint

Comments: \_\_\_\_\_  
 Post Office: \_\_\_\_\_

<b>Mailer Information</b> Permit Holder's Name and Address, and Email Address If Any Telephone (603)-226-4300 Name and Address of Mailing Agent (If other than permit holder) Telephone (603)-226-4300 Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) The Home Insurance Company in Liquidation PO Box 1720 Manchester NH 03105-1720	NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	The Home Insurance Company in Liquidation PO Box 1720 Manchester NH 03105-1720
	CAPS Cust. Ref. ID _____ Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____

<b>Mailing Information</b> Post Office of Mailing CONCORD NH Permit No. 1494	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Mailing Date 7/01/2003 Weight of a Single Piece 0.0542 pound	Federal Agency Cost Code _____ Statement Seq. No. HOME LOT # Total Pieces 79,349 Total Weight 4,300.7158	Number of Containers 1' MM Trays 63 2' MM Trays 268 2' EMM Trays Flat Trays Sacks Pallets 7 Other
	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post			For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/24/2003

For Automation Letters	Total From Part A (On reverse)	19,492.8460
For Automation Flats	Total From Part B (On reverse)	
For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	4,456.7360
For Automation and Nonautomation Cards	Total From Part D (On reverse)	
For Special Services and Other Fees	Total From Attached Form 3540-S	
Postmaster: Report total postage in AIC 121.	<b>Total Postage (Add lines above)</b>	<b>23,949.58</b>
For USPS Use Only: Additional Postage Payment (State reason)		
Postmaster: Report total adjusted postage in AIC 121.	<b>Total Adjusted Postage (Add additional postage to total postage)</b>	

**Certification**

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Maw Forrestal</i>	Name of Mailer or Agent NH MAILING SERVICES	Telephone (603)-226-4300
--	--	-----------------------------

<b>USPS Use Only</b> Weight of a Single Piece 0.0542 pound Total Pieces 79,349 Total Weight 4,300.7158 Total Postage 23,949.58	Are figures adjusted from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Round Stamp (Required) 	
	Check One (if applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input checked="" type="checkbox"/> Presort Verification Performed as Scheduled		Date Mailer Notified _____ Contact _____ By (Initials) _____
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).		
	Verifying Employee's Signature <i>[Signature]</i>		Verifying Employee's Name <b>FORREST E PICKNELL</b> Time AM PM

United States Postal Service  
**Postage Statement - First-Class Mail**  
 Permit Imprint

Post Office Note Mail Arrival Time

<b>Permit Holder's Name and Address and Email Address If Any</b> NEW HAMPSHIRE MAILING SERVICE 30 TERRILL PARK DRIVE CONCORD, NH 03301		<b>Telephone</b> _____	<b>Name and Address of Mailing Agent (If other than permit holder)</b> NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD, NH 033010000		<b>Telephone</b> (603) 226-4300	<b>Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder)</b> The Home Insurance Co PO Box 1720 Manchester, NH 03105-1720	
CAPS Cust Ref ID: _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____	
<b>Post Office of Mailing</b> CONCORD NH		<b>Processing Category (DMM C050)</b> Letters (DMM C050)	<b>Mailing Date</b> 7/01/2003	<b>Federal Agency Cost Code</b> _____		<b>Statement Seq. No.</b> 6033	<b>Number of Containers</b> 1ft MM Trays <input type="checkbox"/> TL Letter Tray <input checked="" type="checkbox"/>
<b>Permit Number</b> 1494		<b>Weight of a Single Piece</b> 0.0188 lbs		<b>Total Pieces</b> 1,405		2ft MM Trays <input type="checkbox"/> Sacks <input type="checkbox"/>	2ft EMM Trays <input type="checkbox"/> Pallets <input type="checkbox"/>
<b>For Mail Enclosed Within Another Class</b> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post <input type="checkbox"/>		<b>Total Weight</b> 26.4140 lb		<b>Total Weight</b> 26.4140 lb		Flat Trays <input type="checkbox"/> Other <input type="checkbox"/>	
<b>For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0)</b> _____			<b>For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0)</b> _____				
<b>Prepared Under DMM:</b> M130 (Letters, Flats, Parcels) M810 (Automation Letters)		<b>Receipt Number</b> _____	<b>Reference Number</b> _____	<b>Mailer's Department/Job No.</b> _____	<b>Description of Mail</b> NOTICE OF CANCELLATION		

Discount	Pieces	Piece Rate	Postage
<b>CALCULATIONS Part A Automation Rates - Letters</b>			
A03 3-Digit	403	0.2920	117.6760
A05 Mixed AADC	662	0.3090	204.5580
		<u>Subtotal</u>	<u>322.2340</u>
<b>CALCULATIONS Part C Nonautomation Letters</b>			
C02 Single-Piece	340	0.3700	125.8000
		<u>Subtotal</u>	<u>125.8000</u>
<b>Postmaster: Report total postage in AIC 121</b>		<b>Total Pieces:</b> 1,405	<b>Total Postage</b> 448.03
USPS: Additional Postage Payment (State reason. Add amount to line above)		\$ _____	<b>Total Adjusted Postage:</b> \$ _____

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent: *Laura Fowler* Name of Mailer or Agent: \_\_\_\_\_ Telephone Number: (603) 226-4300

Single Piece Weight: *0.0188* pounds Are figures at left adjusted from mailer's entries?  Yes  No

Total Pieces: *1405* Total Weight: *26.4140* "Yes" Reason: \_\_\_\_\_

Total Postage: *448.03*

Check One (if applicable):  Not Scheduled  Presort Verification Performed as Scheduled

Date Mailed Notified: \_\_\_\_\_ Contact: \_\_\_\_\_ By (Initials): \_\_\_\_\_ Round Stamp (Required):

I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee (if required).

Verifying Employee's Signature: *[Signature]* Verifying Employee's Name: **FORREST E PICKNELL** Time: \_\_\_\_\_

United States Postal Service  
**Postage Statement — First-Class Mail**  
**Permit Imprint**

Comments: \_\_\_\_\_  
 Post Office: \_\_\_\_\_  
 Mail Arrival: \_\_\_\_\_

Mailer Information	Permit Holder's Name and Address, and Email Address if Any NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Mailing Agent (If other than permit holder) NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) The Home Insurance Company in Liquidation PO Box 1720 Manchester NH 03105-1720
	CAPS Cust. Ref. ID _____ Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

Mailing Information	Post Office of Mailing CONCORD NH	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Mailing Date 7/01/2003	Federal Agency Cost Code	Statement Seq. No. USIRE	Number of Containers 1' MM Trays 3 2' MM Trays 2
	Permit No. 1494		Weight of a Single Piece 0.0542 pound		Total Pieces 975	2' EMM Trays Flat Trays Sacks Pallets 1 Other
	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post				Total Weight 52.8450	

For Automation Letters	Total From Part A (On reverse)	262.6020
For Automation Flats	Total From Part B (On reverse)	
For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	46.2500
For Automation and Nonautomation Cards	Total From Part D (On reverse)	
For Special Services and Other Fees	Total From Attached Form 3540-S	
Postmaster: Report total postage in AIC 121.	<b>Total Postage (Add lines above)</b>	<b>308.85</b>
For USPS Use Only: Additional Postage Payment (State Reason)		
Postmaster: adjusted postage	<b>Total Adjusted Postage (Add additional postage to total postage)</b>	

**Certification**

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Max Forrester</i>	Name of Mailer or Agent NH MAILING SERVICES	Telephone (603)-226-4300
--	--	-----------------------------

USPS Use Only	Weight of a Single Piece 0.0542 pound	Are items at all returned from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Total Pieces 975	Total Weight 52.8450
	Total Postage 308.85	
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input checked="" type="checkbox"/> Presort Verification Performed as Scheduled	Date Mails Notified
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).		By (Initials)
Verifying Employee's Signature <i>[Signature]</i>	Verifying Employee's Name FORREST E PICKNELL	Time AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>



ORDER: 761767330-001X 25 OFGM RUTHERFORD NJ 07070 6/17/03 b

Process and track your shipment online: <http://www.dhl-usa.com>

800-CALL-DHL

Account Number: 761767330

Contact Name: *Harvey Texe*

Company Name: *Home Inc Co FOREIGN*

Address: *NH MAILING SERVICES INC*

Address: *30 TERRILL PARK DR CONCORD NH*

Post/Zip Code (required): *033015257*

Phone, Fax, or E-mail (required): *(603) 226-4403*

Company Name: *DHL-OP GLOBAL MAIL*

Contact Name: *INTL MAIL CTR*

Country: *USA*

Post/Zip Code (required): *07070*

Phone, Fax, or E-mail (required): *(603) 226-4403*

Company Name: *DHL-OP GLOBAL MAIL*

Contact Name: *INTL MAIL CTR*

Address: *301 VETERANS BLVD RUTHERFORD NJ*

Post/Zip Code (required): *07070*

Phone, Fax, or E-mail (required): *(603) 226-4403*

Country: *USA*

Product & Services:  U.S. Express Standard  Priority  Signature  Insured  Hold For Pickup  Delivery Notification

Dimensions (for packed) Length: *25* cm Width: *16.9* cm Height: *11.9* cm

Weight: *25* lbs

Full Description of Contents: *PRIORITY HIC Bag #1*

Export License No./Symbol (if applicable): *None*

Value for Customs (in US \$): *None*

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays duties/taxes): *None*

Shipper's Authorization (signature required): *[Signature]*

Origin: *USA*

Dimensions (for packed) Length: *25* cm Width: *16.9* cm Height: *11.9* cm

Weight: *25* lbs

Full Description of Contents: *PRIORITY HIC Bag #1*

Export License No./Symbol (if applicable): *None*

Value for Customs (in US \$): *None*

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays duties/taxes): *None*

Shipper's Authorization (signature required): *[Signature]*

Product & Services:  U.S. Express Standard  Priority  Signature  Insured  Hold For Pickup  Delivery Notification

Dimensions (for packed) Length: *25* cm Width: *16.9* cm Height: *11.9* cm

Weight: *25* lbs

Full Description of Contents: *PRIORITY HIC Bag #1*

Export License No./Symbol (if applicable): *None*

Value for Customs (in US \$): *None*

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays duties/taxes): *None*

Shipper's Authorization (signature required): *[Signature]*

Product & Services:  U.S. Express Standard  Priority  Signature  Insured  Hold For Pickup  Delivery Notification

Dimensions (for packed) Length: *25* cm Width: *16.9* cm Height: *11.9* cm

Weight: *25* lbs

Full Description of Contents: *PRIORITY HIC Bag #1*

Export License No./Symbol (if applicable): *None*

Value for Customs (in US \$): *None*

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays duties/taxes): *None*

Shipper's Authorization (signature required): *[Signature]*

Product & Services:  U.S. Express Standard  Priority  Signature  Insured  Hold For Pickup  Delivery Notification

Dimensions (for packed) Length: *25* cm Width: *16.9* cm Height: *11.9* cm

Weight: *25* lbs

Full Description of Contents: *PRIORITY HIC Bag #1*

Export License No./Symbol (if applicable): *None*

Value for Customs (in US \$): *None*

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays duties/taxes): *None*

Shipper's Authorization (signature required): *[Signature]*

Product & Services:  U.S. Express Standard  Priority  Signature  Insured  Hold For Pickup  Delivery Notification

Dimensions (for packed) Length: *25* cm Width: *16.9* cm Height: *11.9* cm

Weight: *25* lbs

Full Description of Contents: *PRIORITY HIC Bag #1*

Export License No./Symbol (if applicable): *None*

Value for Customs (in US \$): *None*

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays duties/taxes): *None*

Shipper's Authorization (signature required): *[Signature]*

Product & Services:  U.S. Express Standard  Priority  Signature  Insured  Hold For Pickup  Delivery Notification

Dimensions (for packed) Length: *25* cm Width: *16.9* cm Height: *11.9* cm

Weight: *25* lbs

Full Description of Contents: *PRIORITY HIC Bag #1*

Export License No./Symbol (if applicable): *None*

Value for Customs (in US \$): *None*

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays duties/taxes): *None*

Shipper's Authorization (signature required): *[Signature]*



6/17/03

65 OFGM RUTHERFORD  
RFE PPF  
650-2318-087

ORDER 76176733D-0  
DL  
www.dhl-usa.com  
800-424-3434

Product & Services  
Domestic Express  
Priority  
Next Business Day  
International Express  
Economy  
Global Mail  
Registered Mail  
Signature Required  
Insurance  
Other

DESTINATION CODE  
RFE

ORIGIN  
NY

8 Products & Services  
Domestic Express  
Priority  
Next Business Day  
International Express  
Economy  
Global Mail  
Registered Mail  
Signature Required  
Insurance  
Other

1 Shipment Details  
Total Number of Packages: 1 Box  
Total Weight: 36 lbs  
Dimensions (Inches):  
Length: X  
Width: X  
Height: X

2 DIMENSIONAL CHARGEABLE WEIGHT  
Not all products or service options are available from all locations.

3 To (Receiver)  
Company Name: OHL-OP GLOBAL MAIL  
Address: INTL MAIL CTR  
301 VETERANS BLVC  
RUTHERFORD NJ  
Post/ZIP Code: 07070  
Phone, Fax, or E-mail: 908-988-2100

3 To (Receiver)  
Company Name: OHL-OP GLOBAL MAIL  
Address: INTL MAIL CTR  
301 VETERANS BLVC  
RUTHERFORD NJ  
Post/ZIP Code: 07070  
Phone, Fax, or E-mail: 908-988-2100

4 Full Description of Contents  
Give Content and Quantity DHL Does Not Transport Cash  
PRIORITY MAIL  
H.C. 1308 #2  
ALLES  
CANADIAN  
DHL Label # 123456789

5 Full Description of Contents  
Give Content and Quantity DHL Does Not Transport Cash  
PRIORITY MAIL  
H.C. 1308 #2  
ALLES  
CANADIAN  
DHL Label # 123456789

6 Datable Shipments Only (Customs requirement)  
Attach the original and four copies of a Commercial Invoice or Pro Forma  
Export License No./Symbol (if applicable) Receiver's VAT/TAX or Shipper's EIN/USN  
Value for Customs (in US \$)  
TYPE OF EXPORT: Permanent, Repair/Return, Temporary  
Destination Duties/Taxes if left blank, Receiver pays duties/taxes

7 Shipper's Authorization (signature required)  
I/we agree that DHL's standard terms apply to this shipment and that DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment in transit is subject to inspection, for an extra charge, and we agree to pay all charges if the recipient or air party requests to pay the charges and the carrier is not liable for CASH.

7 Shipper's Authorization (signature required)  
I/we agree that DHL's standard terms apply to this shipment and that DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment in transit is subject to inspection, for an extra charge, and we agree to pay all charges if the recipient or air party requests to pay the charges and the carrier is not liable for CASH.

8 CHARGES  
SERVICES: Handling, etc.  
Drop Box #  
TOTAL

9 PAYMENT DETAILS (Check, Card No.)  
No. Type Expiry  
Auth.

9 PAYMENT DETAILS (Check, Card No.)  
No. Type Expiry  
Auth.

9 PAYMENT DETAILS (Check, Card No.)  
No. Type Expiry  
Auth.

PICKED UP BY  
Route No. 2330  
Time Date 6/17/03

PICKED UP BY  
Route No. 2330  
Time Date 6/17/03

PICKED UP BY  
Route No. 2330  
Time Date 6/17/03

Process and track your shipment online: <http://www.dhl-usa.com>

8 Products & Services

Domestic Express  International Express

Priority  Standard

USA Overnight  IPA  ISAL  Domestic

Worldwide express

Int'l Express Envelope  WorldFreight

Non-Dutiable  Other

Services Options (see charges per apply)

Saturday  Pickup  Return

Hold For Pickup  Delivery Notification

Other

Not all products or services, options are available in all countries.

11 ORIGIN

12 DESTINATION CODE

13 DIMENSIONAL CHARGEABLE WEIGHT

SERVICES

CHARGES

Drop Box #

TOTAL

TRANSPORT COLLECT STICKER No.

PAYMENT DETAILS (Check, Card No.)

No.:

Type Expires

Auth.

PICKED UP BY: [Signature]

Route No.

Time

4 Shipment Details

Total Number of Packages: 1 bag 36

Total Weight (lb): 36

Dimensions (in inches):

Place Length Width Height

① ② ③ X X X

5 Full Description of Contents

Give Content and Quantity DHL Does Not Transport

PRIORITY MAIL CANADIAN

6 Dutiable Shipments Only (Customs requirement)

Attach the original and four copies of a Commercial Invoice or Pro Forma

Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Value for Customs (in US \$)

Schedule B Number / Harmonized Code (if applicable)

TYPE OF EXPORT

Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays duties/taxes) of \$0.00

Receiver  Shipper  Other

7 Shipper's Authorization (signature required)

I, the undersigned, authorize DHL to transport the contents of this shipment to the destination indicated on the label, and to perform any services required by the label.

Signature (required)

Date

SHIPPER'S ADDRESS

30 FERRILL PARK DR

CONCORD NH

033015257

PHONE: FAX: OR E-MAIL (REQUIRED)

00EHL221E001

SHIPPER'S NAME

NH MAILING SERVICES INC

SHIPPER'S PHONE

SHIPPER'S FAX

SHIPPER'S E-MAIL (REQUIRED)

SHIPPER'S COUNTRY

RECEIVER'S ADDRESS

101 VETERANS BLVD

RUTHERFORD NJ

07070

RECEIVER'S NAME

RECEIVER'S PHONE

RECEIVER'S FAX

RECEIVER'S E-MAIL (REQUIRED)

RECEIVER'S COUNTRY

SHIPPER'S CONTACT INFORMATION

SHIPPER'S PHONE

SHIPPER'S FAX

SHIPPER'S E-MAIL (REQUIRED)

SHIPPER'S COUNTRY

RECEIVER'S CONTACT INFORMATION

RECEIVER'S PHONE

RECEIVER'S FAX

RECEIVER'S E-MAIL (REQUIRED)

RECEIVER'S COUNTRY

Process and track your shipment online: <http://www.dhl-usa.com>

1-800-CALL-DHL (in US only)

Shipper's Account Number: 761767330  
 Shipper's Reference (up to 35 characters): HARMONY FOLK  
 Company Name: HARMONY INE. CO. FOREIGNS  
 Address: NH MAILING SERVICES INC  
 30 TERRILL PARK DR  
 CONCORD NH  
 Phone, Fax, or E-mail (required): 60315257

Post/ZIP Code (required): 033015257  
 Phone, Fax, or E-mail (required): 6031226-4300

3 - To (Receiver)  
 Company Name: DHL-OP GLOBAL MAIL  
 Contact Name: INTL MAIL CTR  
 Delivery Address (DHL Cannot Deliver to a PO Box): 301 VETERANS BLVD  
 RUTHERFORD NJ

Post/ZIP Code (required): 07070  
 Phone, Fax, or E-mail (required):

Country: RUTHERFORD NJ

Yes Declared Value for Carriage (in US \$):

Origin: RUTHERFORD NJ

Destination Code: RUTHERFORD NJ

8 - Products & Services

Worldwide Express:  Int'l Express Envelope:  Int'l Express Envelope:  Non-Dutiable:  Other:

Service Options (select charges may apply):  Delivery:  Special Delivery:  Hold For Pickup:  Delivery Notification:  Other:

Not all products or service options are available in all locations.

Dimensional/Chargeable Weight

Services: CHARGES

Drop Box #

TOTAL

TRANSPORT COLLECT STICKER No.

PAYMENT DETAILS (Check, Card No.)

No.: Type Expires

Auth. PICKED UP BY: [Signature]

Route No. Date

Time

5 - Full Description of Contents

1 BAG 36 lbs

Dimensions (in inches): Length Width Height

ALL CANADIAN

HIG BAGS #11

Good PIECES

6 - Dutiable Shipments Only (Customs requirement)

Attach the original and four copies of a Commercial Invoice or Pro Forma.

Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Value for Customs (in US \$) (as on Commercial Pro Forma Invoice)

Schedule B Number / Harmonized Code (if applicable)

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays otherwise):

Receiver  Shipper  Other

The commodities, technology or software to be exported from the U.S. are in compliance with the U.S. Bureau of Export Administration. Deviation to countries contrary to U.S. law prohibited.

7 - Shipper's Authorization (signature required)

I/we agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment Value Protection is available in required, for an extra charge. I/we agree to pay all charges if the recipient or 3rd party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH.

Signature (required): [Signature]

Date: 6/13/03

**2 From (Shipper)**

Shipper's Account Number  
761767330

Shipper's Reference (up to 35 characters)  
HARMONY PACKAGING

Company Name  
HARVE INC. Co. Foreigns

Address  
NH MAILING SERVICES INC  
30 TERRILL PARK DR  
CONCORD NH  
033015257

Phone, Fax, or E-mail (required)  
16031226-4300

**3 To (Receiver)**

Company Name  
OHL-OP GLOBAL MAIL

Contact Name  
INTL MAIL CTR

Delivery Address DHL Cannot Deliver to a PO Box  
301 VETERANS BLVD  
RUTHERFORD NJ

Country

Post/ZIP Code (required)  
07070

Phone, Fax, or E-mail (required)

**1 ORIGIN**  
FLA

**DESTINATION CODE**  
CA

**8 Products & Services**

DOMESTIC EXPRESS  GLOBAL MAIL

U.S. Express Envelope  Priority  Standard

Other  PA  SAL  Dom/Int

WORLDWIDE EXPRESS

Int Express Envelope  Non-Dutiable  WorldFreight

Outside  Other

Service Options (extra charges may apply)

Signature  Pickup  Special

Hold For Pickup  Delivery Notification

Other

Not all products or services options are available in all locations.

**DIMENSIONAL/CHARGEABLE WEIGHT**

**SERVICES**

**CHARGES**

**TOTAL**

Drop Box #

TRANSPORT COLLECT STICKER No.

**PAYMENT DETAILS (Check, Card No.)**

No. Type Auth.

Express

PICKED UP BY  
Route No. 6170  
Time 6/30

**3 Shipment Details**

Total Number of Packages  
1 BAG

Total Weight  
36 lbs

If DHL Express Document packaging used, enter X0

Dimensions (in inches)  
Length Width Height  
X X X

**5 Full Description of Contents**

Give Content and Quantity **DHL Does Not Transport Cash**

ALL CAVALLINI  
HIC BAG #5  
6001 pieces

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Commercial Invoice or Pro Forma. Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/VSSN

Value for Customs (in US \$)  
(ie on Commercial/Pro Forma Invoice)

Schedule B Number / Harmonized Code (if applicable)

**TYPE OF EXPORT**  Permanent  Repair/Return  Temporary

Destination Duties/Taxes If left blank, Receiver pays duties

Receiver  Shipper  Other

The commodities, technology or software to be exported from the U.S. are in compliance with the U.S. Bureau of Export Administration. Diversion to countries contrary to U.S. law prohibited.

**7 Shipper's Authorization (signature required)**

We agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). We authorize DHL to complete other documents necessary to export this shipment. We understand that Shipment Value Protection is available on request for an extra charge. We agree to pay all charges if the recipient or 3rd party refuses to pay. We understand that DHL DOES NOT TRANSPORT CASH.

Signature (required) *Summer Area* Date 6/30/03

**3 Shipment Details**

Total Number of Packages  
1 BAG

Total Weight  
36 lbs

If DHL Express Document packaging used, enter X0

Dimensions (in inches)  
Length Width Height  
X X X

**5 Full Description of Contents**

Give Content and Quantity **DHL Does Not Transport Cash**

ALL CAVALLINI  
HIC BAG #5  
6001 pieces

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Commercial Invoice or Pro Forma. Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/VSSN

Value for Customs (in US \$)  
(ie on Commercial/Pro Forma Invoice)

Schedule B Number / Harmonized Code (if applicable)

**TYPE OF EXPORT**  Permanent  Repair/Return  Temporary

Destination Duties/Taxes If left blank, Receiver pays duties

Receiver  Shipper  Other

The commodities, technology or software to be exported from the U.S. are in compliance with the U.S. Bureau of Export Administration. Diversion to countries contrary to U.S. law prohibited.

**7 Shipper's Authorization (signature required)**

We agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). We authorize DHL to complete other documents necessary to export this shipment. We understand that Shipment Value Protection is available on request for an extra charge. We agree to pay all charges if the recipient or 3rd party refuses to pay. We understand that DHL DOES NOT TRANSPORT CASH.

Signature (required) *Summer Area* Date 6/30/03

ORDER 761767330-0 QTY 25 OPGN RUTHERFORD 6/17/03

Process and Track your shipment online: <http://www.dhl-usa.com>

1-800-CALL-DHL in USA only

Payee account number and shipment value protection details

Payee Account No.  Cash  Check  Credit Card

Shipment Value Protection (see invoice)  Yes Declared Value for Carriage (in US \$) \_\_\_\_\_

2 From (Shipper)  
 Shipper's Account Number: 761767330  
 Shipper's Reference (up to 35 characters): Harmony folder

Company Name: HZOE INS. CO. FOREIGNS  
 Address: NH MAILING SERVICES INC  
 30 TERRILL PARK DR  
 CONCORD NH  
 Post/ZIP Code (required): 033015257  
 Phone, Fax, or E-mail (required): (603)226-4300

3 To (Receiver)  
 Company Name: DHL-DP GLOBAL MAIL  
 Contact Name: INTL MAIL CTR  
 Delivery Address: DHL Cannot Deliver to a PO Box  
 301 VETERANS BLVD  
 RUTHERFORD NJ  
 Country: \_\_\_\_\_  
 Post/ZIP Code (required): 07070  
 Phone, Fax, or E-mail (required): \_\_\_\_\_

4 Shipment Details  
 Total Weight: 32 lb  
 Dimensions (in inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Piece: \_\_\_\_\_

5 Full Description of Contents  
 Give Content and Quantity DHL Does Not Transport Cash  
 PRIORITY  
 1 BAG  
 571 pieces

6 Dutiable Shipments Only (Customs requirement)  
 Attach the original and four copies of a Commercial Invoice or Pro Forma.  
 Export License No./Symbol (if applicable) | Receiver's VAT/GST or Shipper's EUNISSN

Value for Customs (in US \$)  
 TYPE OF EXPORT:  Permanent  Repair/Return  Temporary  
 Destination Duties/Taxes (if left blank, Receiver pays duties/taxes): \_\_\_\_\_

7 Shipper's Authorization (signature required)  
 We agree that DHL's standard terms apply to this shipment and that DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). We authorize DHL to complete other documents necessary to export this shipment. We understand that Shipment Value Protection is available on request, for an extra charge. We agree to pay all charges if the recipient or 3rd party refuses to pay. We understand that DHL DOES NOT TRANSPORT CASH.  
 Signature (required): *James Hilde* Date: 6/30/03

8 Products & Services  
 Domestic Express (DP)   
 U.S. Express Envelope   
 USA Overnight   
 Other: \_\_\_\_\_  
 Worldwide Express:   
 Int'l Express Envelope   
 Non-Dutiable   
 Service Options (extra charges may apply):  Delivery  Pickup  Hold For Pickup  Delivery Notification

Drop Box # \_\_\_\_\_  
 TOTAL \_\_\_\_\_

TRANSPORT COLLECT STICKER No. \_\_\_\_\_  
 PAYMENT DETAILS (Check, Card No.)  
 No.: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Auth.: \_\_\_\_\_  
 Expire: \_\_\_\_\_

PICKED UP BY: *33*  
 Route No.: *633*  
 Time: \_\_\_\_\_

DESTINATION CODE: \_\_\_\_\_  
 DIMENSIONAL/CHARGEABLE WEIGHT: \_\_\_\_\_

SERVICES: \_\_\_\_\_  
 CHARGES: \_\_\_\_\_

01700 06176130-0 QTY 25 UPGM RUTHERFORD PPF PPF  
 Process and Track your shipment online <http://www.dhl-usa.com> PPF PPF  
 1-800-CALL-DHL in USA only 769-2318-130

**SHIPMENT PROTECTION**  
 I Yes Declared Value for Carriage (in US \$) 7692318130  
 Payment Value Protection (see reverse)  Yes  No  
 For all payment options are available in all countries

**SHIPMENT DETAILS**  
 Total Number of Packages: 1 Total Weight: 14 lbs  
 Dimensions (in inches): Length 14 Width 14 Height 14  
 If DHL Express Document packaging used, enter XD: 14

**5 Full Description of Contents**  
 Give Content and Quantity DHL Does Not Transport Cash  
1 BAG 14 lbs  
PRIORITY  
USI KE  
328  
eccs

**6 Dutiable Shipments Only (Customs requirement)**  
 Attach the original and four copies of a Commercial Invoice or Pro Forma, Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN  
 Value for Customs (in US \$) (as on Commercial/Pro Forma Invoice) 328  
 TYPE OF EXPORT:  Permanent  Repair/Return  Temporary  
 Destination Duties/Taxes If left blank, Receiver pays duties/taxes.  
 Receiver  Shipper  Other

**7 Shipper's Authorization (signature required)**  
 I/we agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that shipment recipient or 3rd party release for this shipment does not understand that DHL DOES NOT TRANSPORT CASH.  
 Signature (required) Harmon Fudge Date 7-1-10

**SHIPPER'S ADDRESS**  
 Company Name: US International Remittance Co  
 Address: 301 VETERANS BLVD  
RUTHERFORD NJ  
 City: RUTHERFORD State: NJ ZIP Code: 07070  
 Phone, Fax, or E-mail (required): (903) 226-4300

**SHIPPER'S ADDRESS**  
 Company Name: JH MAILING SERVICES INC  
 Address: 30 TERRILL PARK DR  
CONCORD NH  
 City: CONCORD State: NH ZIP Code: 03301  
 Phone, Fax, or E-mail (required): (603) 226-4300

**SHIPPER'S ADDRESS**  
 Company Name: US International Remittance Co  
 Address: 301 VETERANS BLVD  
RUTHERFORD NJ  
 City: RUTHERFORD State: NJ ZIP Code: 07070  
 Phone, Fax, or E-mail (required): (903) 226-4300

**SHIPPER'S ADDRESS**  
 Company Name: JH MAILING SERVICES INC  
 Address: 30 TERRILL PARK DR  
CONCORD NH  
 City: CONCORD State: NH ZIP Code: 03301  
 Phone, Fax, or E-mail (required): (603) 226-4300

**8 Products & Services**  
 DOMESTIC EXPRESS:  U.S. Express Envelope  USA Overnight  Other  
 WORLDWIDE EXPRESS:  Int'l Express Envelope  Non-Dutiable  Other  
 SERVICE OPTIONS:  Saturday Delivery  Hold For Pickup  Delivery Notification  Other  
 GLOBAL MAIL:  Priority  Standard  IFA  ISAL  Dom/Flts

**CHARGES**  
 Drop Box # TOTAL  
 TRANSPORT COLLECT STICKER No.  
 PAYMENT DETAILS (Check, Card No.)  
 No.: 33  
 Type: Express  
 Auth.: 33  
 PICKED UP BY: 33  
 Route No.: 33  
 Time: 33

**ORIGIN** NY **DESTINATION CODE** TFB  
 300, San Francisco  
 Copy