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DISTRICT OF HAWAII

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<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code <u>75071</u>	Scheduled Delivery Date (MM/DD/YYYY) <u>6/15/16</u>	Postage <u>\$ 22.95</u>	
Date Accepted (MM/DD/YYYY) <u>6/13/16</u>	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee <u>\$</u>	COD Fee <u>\$</u>
Time Accepted <u>1230</u> <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee <u>\$</u>	Return Receipt Fee <u>\$</u>	Live Animal Transportation Fee <u>\$</u>
Weight <u>1</u> lbs. <u>5</u> ozs.	Sunday/Holiday Premium Fee <u>\$</u>	Total Postage & Fees <u>\$ 22.95</u>	
Acceptance Employee Initials <u>SX</u>			
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Delivery Attempt (MM/DD/YYYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt (MM/DD/YYYY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	



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