

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>		
For calendar plan year 2009 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009			
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan;	<input type="checkbox"/> a multiple-employer plan; or	
	<input checked="" type="checkbox"/> a single-employer plan;	<input type="checkbox"/> a DFE (specify) ____	
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report;	<input type="checkbox"/> the final return/report;	
	<input type="checkbox"/> an amended return/report;	<input type="checkbox"/> a short plan year return/report (less than 12 months).	
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>		
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558;	<input type="checkbox"/> automatic extension;	<input type="checkbox"/> the DFVC program;
	<input type="checkbox"/> special extension (enter description)		

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan THE BUCKINGHAM RESEARCH GROUP INCORPORATED RETIREMENT PLAN	<b>1b</b> Three-digit plan number (PN) ►	001	
	<b>1c</b> Effective date of plan		
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BUCKINGHAM RESEARCH GROUP INC  750 3RD AVE FL 6 NEW YORK, NY 10017	<b>2b</b> Employer Identification Number (EIN) 13-3134008	<b>2c</b> Sponsor's telephone number	
	<b>2d</b> Business code (see instructions)		

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") BUCKINGHAM RESEARCH GROUP INC  750 3RD AVE FL 6 NEW YORK, NY 10017	<b>3b</b> Administrator's EIN 13-3134008  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a</b> Active participants.....	<b>6a</b>
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

Form **5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee  
Retirement Income Security Act of 1974 (ERISA) and sections 6047(e),  
6057(b), and 6058(a) of the Internal Revenue Code (the Code).▶ Complete all entries in accordance with  
the instructions to the Form 5500.Official Use Only  
OMB Nos. 1210-0110  
1210-0089**2008**This Form is Open to  
Public Inspection.**Part I Annual Report Identification Information**

For the calendar plan year 2008 or fiscal plan year beginning 10/01/2008, and ending 09/30/2009,

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a (4) ☐ a DFE (specify) \_\_\_\_\_  
multiple-employer plan);
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). ☒

**Part II Basic Plan Information** — enter all requested information.

<b>1a</b> Name of plan THE BUCKINGHAM RESEARCH GROUP INCORPORATED RETIREMENT PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BUCKINGHAM RESEARCH GROUP INC  750 3RD AVE FL 6  NEW YORK NY 10017	<b>1c</b> Effective date of plan (mo., day, yr.) 10/01/1983 <hr/> <b>2b</b> Employer Identification Number (EIN) 13-3134008 <hr/> <b>2c</b> Sponsor's telephone number 212-922-5500 <hr/> <b>2d</b> Business code (see instructions) 523120

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN  
HERE**

Signature of plan administrator

Date

Type or print name of individual signing as plan administrator

**SIGN  
HERE**

Signature of employer/plan sponsor/DFE

Date

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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Form **5500** (2008)
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 JUL 15 2010  
 BY: \_\_\_\_\_


**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")  
SAME

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

**a** Sponsor's name

**b** EIN

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address

**b** EIN

**c** Telephone number

<b>6</b> Total number of participants at the beginning of the plan year	<b>6</b>	88
<b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
<b>a</b> Active participants	<b>7a</b>	90
<b>b</b> Retired or separated participants receiving benefits	<b>7b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits	<b>7c</b>	3
<b>d</b> Subtotal. Add lines 7a, 7b, and 7c	<b>7d</b>	93
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>7e</b>	0
<b>f</b> Total. Add lines 7d and 7e	<b>7f</b>	93
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>7g</b>	73
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>7h</b>	0
<b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	<b>7i</b>	0

**8** Benefits provided under the plan (complete 8a and 8b, as applicable)

- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 2K 3D
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor



**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- |     |                          |            |  |
|-----|--------------------------|------------|--|
| (1) | <input type="checkbox"/> | <b>R</b>   | (Retirement Plan Information)              |
| (2) | <input type="checkbox"/> | <b>B</b>   | (Actuarial Information)                    |
| (3) | <input type="checkbox"/> | <b>E</b>   | (ESOP Annual Information)                  |
| (4) | <input type="checkbox"/> | <b>SSA</b> | (Separated Vested Participant Information) |

**b Financial Schedules**

- |     |                                     |          |                                       |
|-----|-------------------------------------|----------|---------------------------------------|
| (1) | <input type="checkbox"/>            | <b>H</b> | (Financial Information)               |
| (2) | <input checked="" type="checkbox"/> | <b>I</b> | (Financial Information -- Small Plan) |
| (3) | <input type="checkbox"/>            | <b>A</b> | (Insurance Information)               |
| (4) | <input type="checkbox"/>            | <b>C</b> | (Service Provider Information)        |
| (5) | <input type="checkbox"/>            | <b>D</b> | (DFE/Participating Plan Information)  |
| (6) | <input type="checkbox"/>            | <b>G</b> | (Financial Transaction Schedules)     |



**SCHEDULE I  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Financial Information -- Small Plan**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2008****This Form is Open to  
Public Inspection.**

For calendar year 2008 or fiscal plan year beginning 10/01/2008 and ending 09/30/2009	
<b>A</b> Name of plan THE BUCKINGHAM RESEARCH GROUP INCORPORATED	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BUCKINGHAM RESEARCH GROUP INC	<b>D</b> Employer Identification Number 13-3134008

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

<b>1 Plan Assets and Liabilities:</b>		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets	<b>1a</b>	13113521	13791077
<b>b</b> Total plan liabilities	<b>1b</b>		
<b>c</b> Net plan assets (subtract line 1b from line 1a)	<b>1c</b>	13113521	13791077
<b>2 Income, Expenses, and Transfers for this Plan Year:</b>		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable			
(1) Employers	<b>2a(1)</b>		
(2) Participants	<b>2a(2)</b>	870000	
(3) Others (including rollovers)	<b>2a(3)</b>		
<b>b</b> Noncash contributions	<b>2b</b>		
<b>c</b> Other income	<b>2c</b>	516724	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	<b>2d</b>		1386724
<b>e</b> Benefits paid (including direct rollovers)	<b>2e</b>	709005	
<b>f</b> Corrective distributions (see instructions)	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions)	<b>2g</b>		
<b>h</b> Other expenses	<b>2h</b>	163	
<b>i</b> Total expenses (add lines 2e, 2f, 2g, and 2h)	<b>2i</b>		709168
<b>j</b> Net income (loss) (subtract line 2i from line 2d)	<b>2j</b>		677556
<b>k</b> Transfers to (from) the plan (see instructions)	<b>2k</b>		

**3 Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
<b>a</b> Partnership/joint venture interests	<b>3a</b>	X	
<b>b</b> Employer real property	<b>3b</b>	X	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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Schedule I (Form 5500) 2008





	Yes	No	Amount
<b>3c</b> Real estate (other than employer real property) .....		X	
<b>d</b> Employer securities .....		X	
<b>e</b> Participant loans .....	X		123058
<b>f</b> Loans (other than to participants) .....		X	
<b>g</b> Tangible personal property .....		X	

**Part II Transactions During Plan Year**

	Yes	No	Amount
<b>4</b> During the plan year:			
<b>a</b> Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance .....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....		X	
<b>e</b> Was the plan covered by a fidelity bond? .....	X		1500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....		X	
<b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	X		

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount** \_\_\_\_\_

**5b** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)



► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

**File With IRS Only**

## Part I Identification

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions) <b>Buckingham Research Group Inc</b> Number, street, and room or suite no. (If a P.O. box, see instructions) <b>750 3rd Ave Fl 6</b> City or town, state, and ZIP code <b>New York, NY 10017</b>				<b>B</b> Filer's identifying number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). <div style="display: flex; justify-content: space-around;"> <span>13</span> <span>3134008</span> </div>					
				<input type="checkbox"/> Social security number (SSN).					
<b>C</b>	<b>Plan name</b>			<b>Plan year ending—</b>					
				<b>Plan number</b>	<b>MM</b>	<b>DD</b>	<b>YYYY</b>		
	1 The Buckingham Research Group Incorporated Retirement Plan			0	0	1	09	30	2009
	2								
3									

**Part II** Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 07 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application is **automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

**You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.**

**Note.** A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

**Part III** Extension of Time to File Form 5330 (see instructions)

**2** I request an extension of time until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to file Form 5330.  
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

**a** Enter the Code section(s) imposing the tax . . . . . **a**

<b>b</b> Enter the payment amount attached . . . . .	<b>b</b>	
--	----------	--

**c** For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . 

c	
---	--

**3 State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

**Signature ►**

Date ▶

SCA

03/11/2010

Cat. No. 12005T

30431

Form **5558** (Rev. 1-2008)



00

**FedEx** US Airbill  
Express
FedEx  
Tracking  
Number

8717 7652 8645

1 From This portion can be removed for Recipient's records.

Date 7/1/92 FedEx Tracking Number

871776528645

Sender's  
NameUSA CorpPhone 212 922-8500Company BUCKINGHAM RESEARCH GROUP INCAddress 700 3RD AVE

Dept./Floor/Suite/Rm

City NEW YORKState NYZIP 10017-2703

2 Your Internal Billing Reference

3 To

Recipient's  
NameMr. George B. Smith, Jr., Esq., Attorney at Law, P.C.

Company

LEASTHOLD Weekday  
Print FedEx location address  
below. NOT available for  
FedEx First Overnight.HOLD Saturday  
Print FedEx location address below.  
Available ONLY for FedEx Priority Overnight  
and FedEx 2Day to select locations.

Address

750 10th Ave

Dept./Floor/Suite/Rm

Address

Print FedEx location address below if HOLD option is selected.

City

NEW YORKState NYZIP 10017-2703

8717 7652 8645

**FedEx**  
TRACK

8717 7652 8645

XH IXDA



Form 4 288623 02/11/10 10/98

WED - 07 JUL A2  
PRIORITY OVERNIGHT

66046  
KS-US  
MCI

0215 Recipient's Copy

4a Express Package Service

\* To most locations.

Packages up to 150 lbs.

☒ FedEx Priority Overnight  
Next business morning. \* Excludes  
shipments not delivered on Monday  
unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight  
Next business morning. \* Excludes  
Shipments not delivered on Monday  
unless SATURDAY Delivery is selected.

☐ FedEx First Overnight  
Earliest next business morning. \*  
Excludes Shipments not delivered on Monday  
unless SATURDAY Delivery is selected.

☐ FedEx 2Day  
Second business day. \* Excludes  
shipments not delivered on Monday  
unless SATURDAY Delivery is selected.

☐ FedEx Express Saver  
Third business day. \* Excludes  
Shipments not delivered on Monday  
unless SATURDAY Delivery is selected.

4b Express Freight Service

\*\* To most locations.

Packages over 150 lbs.

☐ FedEx 1Day Freight  
Next business day. \* Excludes shipments not  
delivered on Monday unless SATURDAY  
Delivery is selected.

FedEx 1Day Freight Booking No.

☐ FedEx 2Day Freight  
Second business day. \* Excludes shipments not  
delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx 3Day Freight  
Third business day. \* Excludes Shipments not  
delivered on Monday unless SATURDAY Delivery is selected.

5 Packaging

\* Declared value limit \$500

☐ FedEx Pak®  
Includes FedEx Small Pak, FedEx  
Large Pak, and FedEx 2Day Pak.

☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery  
NOT available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.

☐ No Signature Required  
Package may be left with out  
obtaining a signature for delivery.

☐ Direct Signature  
Someone at recipient's address  
may sign for delivery. Fee applies.

☐ Indirect Signature  
If no one is available at recipient's  
address, someone at a neighboring  
address may sign for delivery. For  
residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

Use box provided for this label.

☐ No ☐ Yes  
As per attached  
Shipper's Declaration.

☐ Shipper's Declaration  
not required.

☐ Dry Ice  
Dry Ice, 9 UN 1845.
Dangerous goods (including dry ice) cannot be shipped in FedEx packages  
or placed in a FedEx Express Drop Box.
☐ Cargo Aircraft Only

7 Payment Bill to

Enter FedEx Acct. No. or Credit Card No. below.

☐ Bill to Recipient  
Acct. No.

☐ Sender  
Acct. No. or Section  
1 will be billed.

☐ Recipient

☐ Third Party

☐ Credit Card

☐ Cash/Check

Total Packages

Total Weight

Credit Card Auth.

Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

553

Rev. Date 1/2004

469 1

FZ

8645  
07.07

envelope