



**Invoice Number: 1-982-67877**

Invoice Date: Aug 23, 2004

Account Number: 1814-9779-3

Page: 1 of 4

FedEx Tax ID: 71-0427007

JEFFREY EPSTEIN  
457 MADISON AVE FL 4  
NEW YORK NY 10022-6843

**Invoice Questions?**

**Contact FedEx Revenue Services**

Phone: (800) 622-1147 M-F 7-6 (CST)

Fax: (800) 548-3020

Internet: www.fedex.com

**Invoice Summary Aug 23, 2004**

**FedEx Express Services**

Transportation Charges	30.00
Base Discount	-0.90
Special Handling Charges	2.04

Total Charges.....USD \$ 31.14

**TOTAL THIS INVOICE.....USD \$ 31.14**

You saved \$0.90 in discounts this period!



The FedEx Ground accounts referenced in this invoice have been transferred and assigned to, are owned by, and are payable to FedEx Express.

To ensure proper credit, please return this portion with your payment to FedEx.

Please do not staple or fold. Please make your check payable to FedEx.

For change of address, check here and complete form on reverse side.

**Remittance Advice**

Your payment is due by Sep 07, 2004

Invoice Number	Account Number	Amount Due
1-982-67877	1814-9779-3	USD \$ 31.14

181497791982678771100000311467

SP 01 000001 97702 A 1 ASNGLP  
JEFFREY EPSTEIN  
457 MADISON AVE FL 4  
NEW YORK NY 10022-6843



FedEx  
P.O. Box 371461  
Pittsburgh PA 15250-7461

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SDNY\_GM\_00345494

EFTA\_00218186

EFTA01317049



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### Adjustment Request FAX TO (800) 548-3020

Tracking No./Airbill No.	Reason Code	Explanation

**BEFORE YOU FAX**

Please include detailed explanation for each adjustment request.

Remember to include recipient's account number or third party's account number if applicable.

REASON CODE KEY	
Reason Code	Description
DUP	Duplicate Billing
PND	Shipment Never Sent
RATE	Incorrect Rates or Pieces
RRA	Rebill Recipient - Include Recipient's Account No.
RSA	Rebill Sender
RTA	Rebill Third Party - Include Third Party's Account No.
SUR	Incorrect Surcharge - Please Explain
OTHR	Other - Please Explain

From: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Business Phone Business Fax

**This form cannot be used to request Invoice Adjustments due to Service Failures or lack of a POD.**  
 To request adjustments for Service Failures or lack of a POD, please call 1-800-622-1147,  
 visit our internet site at [www.fedex.com](http://www.fedex.com) or register for FIO.



Please indicate change in address for the account # listed below:  Physical Address  Billing Address  Mailing Address

Account Number: 1814-9779-3

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. / Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

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EFTA\_00218187

EFTA01317050



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FedEx Express Shipment Summary by Payor Type

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Original			
<b>Shipper</b>			
Number of Shipments		1	
Transportation Charges		30.00	
Base Discount		-0.90	
Special Handling Charges		2.04	
<b>TOTAL</b>	<b>USD \$</b>	<b>31.14</b>	
Number of Shipments			1
Total Charges		<b>USD \$</b>	<b>31.14</b>
<hr/>			
<b>TOTAL SHIPMENTS</b>			<b>1</b>
<b>TOTAL CHARGES</b>		<b>USD \$</b>	<b>31.14</b>



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EFTA01317051

