



Please sign, date and return this affidavit of loss for you missing shipment. You may sign and scan, fax or mail to us – whichever you find most convenient.

Our contact information is as follows:

Email: [sales@naturalhealthyconcepts.com](mailto:sales@naturalhealthyconcepts.com)

Fax: 920.968.0028

Mail: Natural Healthy Concepts  
310 N Westhill Blvd  
Appleton, WI 54914

This documentation will be used for filing a claim with the carrier of the original shipment you are attesting that you have not received. Upon receipt of this document, we will ship your replacement package.

I, \_\_\_\_\_ attest that I or my household has not received  
the above referenced shipment.

Date: \_\_\_\_\_

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