United States Postal Service

Postage Statement—Standard Mail

Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)

Mailer

Permit Holder's Name and Address and Email Address, If Any: X

Telephone: X

CAPS Cust. Ref. No. X

Customer No. X

Name and Address of Mailing Agent *(If other than permit holder)*: X

Telephone: X

Customer No. X

Name and Address of Individual or Organization for Which Mailing is Prepared *(If other than permit holder)*: X

Customer No. X

Mailing

Post Office of Mailing: X

Processing Category: [X] Letters [X] CMM [X] Flats [X] NFM [X] Parcels - Machinable [X] Parcels - Irregular [X] Letters - Paid as Nonauto Flats [X] ECR Letters - Paid as ECR Flats

Mailing Date: X

Federal Agency Cost Code: X

Statement Seq. No.: X

No. & Type of Containers: 0.000

Type of Postage: [X] Permit Imprint [X] Precanceled Stamps [X] Metered

Weight of a single-piece: 0.000 pounds

Total Pieces: 0.000

Permit #: X

For Mail Enclosed Within Another Class: [ ] Periodicals [ ] Bound Printed Matter [ ] Library Mail [ ] Media Mail [ ] Parcel Post

If Sacked, Based On: [X] 125 pcs [X] 15 lbs. [ ] both

Total Weight: 0.000

For Automation Price Pieces, Enter Date of Address Matching and Coding: X

For Enhanced Carrier Route Price Pieces, Enter Date of Address Matching and Coding: X

For Enhanced Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing: X

Move Update Method:

[X] Ancillary Service Endorsement [X] *FASTforward* [X] NCOA^Link [X] ACS [X] Alternative Method [X] Multiple

Postage

Parts Completed *(Select all that apply)* [X] A [X] B [X] C [X] D [X] E [X] F [X] G [X] H [X] I [X] J [X] K [X] L [X] S

Total Postage *(Add parts Totals)*	0.00
Price at Which Postage Affixed *(Check one)* Complete if the mailing includes pieces bearing metered or precanceled stamps. [X] Correct [X] Lowest [X] Neither 0.00 pcs. x $ _____ . 0.00 = **Postage Affixed**	0.00
Net Postage Due *(Subtract postage affixed from total postage)*	0.00
Additional Postage Payment ***(State reason)***	
For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage. **Total Adjusted Postage Affixed**	
Postmaster: Report Total Postage in *(Permit Imprint Only)* ***AIC 130*** **Total Adjusted Postage Permit Imprint**	

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 the mailing qualifies for the prices 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.

Privacy Notice: For information regarding our Privacy Policy visit *www.usps.com.*

Signature of Mailer or Agent

Printed Name of Mailer or Agent Signing Form: X

Telephone: X

USPS Use Only

Weight of a Single Piece: ____ . ____ ____ ____ ____ pound

Total Pieces

Total Weight

Total Postage

Presort Verification Performed? *(Check One)* [ ] Yes [ ] No

I CERTIFY that this mailing has been inspected concerning:
(1) eligibility for postage prices claimed;
(2) proper preparation *(and presort where required);*
(3) proper completion of postage statement;
(4) payment of annual fee; and
(5) sufficfient funds on deposit *(if required)*

USPS Employee's Signature

Are postage figures at left adjusted from mailer's entries? If yes, reason: [ ] Yes [ ] No

Date Mailer Notified

Contact

By *(Initials)*

Print USPS Employee's Name

Time AM PM

Round Stamp *(Required)* Date Mail Released