United States Postal Service

Postage Statement — Nonprofit 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

USPS Nonprofit Auth. No. 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

USPS Nonprofit Auth. No. X

Customer No. X

Mailing

Post Office of Mailing: X

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

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. and type of Containers: 0.000

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 payments 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 125*** **Total Adjusted Postage Permit Imprint**	

Certification

The mailer's signature certifies that: (1) the mailing complies with DMM 703; (2) the income derived from the sale of any products or services advertised in the mailing is not subject to the Unrelated Business Income Tax (UBIT) and any products and services advertised are substantially related to the nonprofit organization's authorized purpose within the meaning of 39 U.S.C. § 3626(j)(1)(d)(ii)(I) and 26 U.S.C. § 513(A); (3) the mailing if made by a voting registration official is required or authorized under the National Voter Registration Act of 1993; and (4) it will agree to pay, subject to appeal, any revenue deficiencies assessed on this mailing. 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 that the mailing qualifies for the rates 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: 0 pounds

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 rates claimed; (2) proper preparation *(and presort where required);* (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit *(if required).*

USPS Employee's Signature:

Are postage figures at left adjusted from mailer's entries? If "Yes" state reason. [ ] Yes [ ] No

Date Mailer Notified:

Contact:

By *(Initials)*:

Print USPS Employee's Name:

Time: AM PM

Round Stamp *(Required)* Date Mail Released