

Note To Mailer: The labels and volumes associated to this form online must match the labeled packages being presented to the USPS[®] employee with this form.

| Shipment | Date: | 05/09/25 |
|----------|-------|----------|
| | | |

Shipped From:

Name: PW-USPS-CHICAGO03 PW-USPS-CHICAGO03

Address: 900 KNELL RD UNIT C UNIT C

City: Montgomery

State: IL ____ ZIP+4: 60538

| Type of Mail | Volume |
|--------------------------|--------|
| Priority Mail Express®* | 0 |
| Priority Mail® | 0 |
| USPS Ground Advantage™ | 1 |
| Returns | 0 |
| International* | 0 |
| USPS Connect™ Local | 0 |
| USPS Connect™ Local Mail | 0 |
| USPS Connect™ Regional | 0 |
| Other | 0 |
| Total | 1 |

*Start time for products with service guarantees will begin when mail arrives at the local Post Office™ and items receive individual processing and acceptance scans.

B. USPS Action

USPS EMPLOYEE: Please scan upon pickup or receipt of mail. Leave form with customer or in customer's mail receptacle.

