

presented to the USPS[®] employee with this form.

Note To Mailer: The labels and volumes associated to this form online **must** match the labeled packages being

Shipment Date: 05/14/25

Shipped From:

Name: LA04 LA04

Address: 3534 PHILADELPHIA ST

City: chino

State: CA ZIP+4: 91710

Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	24
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	24

*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.





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Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	26
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	26

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