

**Note To Mailer:** The labels and volumes associated to this form online **must** match the labeled packages being presented to the USPS<sup>®</sup> employee with this form.

ent Date: 05	/14/25	
ed From:		
Name: P	V-SZXY PW-SZXY	
Address: 75	0 ALMEDA GENOA RD SUITE B	
City: He	puston	
State: T	ZIP+4: <u>77047</u>	
City: He	puston	

Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	328
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	328

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\*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.

