

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.

| Shij | pment | Date: | 05/17/25 |
|------|-------|-------|----------|
|      |       |       |          |

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 <sup>®</sup> | 0      |
| USPS Ground Advantage™     | 21     |
| Returns                    | 0      |
| International*             | 0      |
| USPS Connect™ Local        | 0      |
| USPS Connect™ Local Mail   | 0      |
| USPS Connect™ Regional     | 0      |
| Other                      | 0      |
| Total                      | 21     |

\*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.

