

**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.

Shipment Date: 05/24/25

Shipped From:

Name: SHIPPING DEPARTMENT

Address: 900 KNELL RD UNIT C City: Montgomery

State:\_IL\_\_\_\_ZIP+4:<u>60538</u>

Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	232
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	232

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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.

