

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: 05/28/25 Shipped From: SHIPPING DEPARTMENT Name:__ 5440 E FRANCIS ST UNIT A Address: City: Ontario State: CA

ZIP+4: 91761

Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	339
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	339

*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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Shipment Date: 05/28/25

Shipped From:

Name: SHIPPING DEPARTMENT Address: 5440 E FRANCIS ST UNIT A

City: Ontario State: CA 761

A	ZIP+4: 917
<u></u>	ZIF + 4. <u>31</u>

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.

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Shipment Date: 05/28/25

Shipped From:

Name:_	SHIPPING DEPARTMENT
Address:	5440 E FRANCIS ST UNIT A
Citv:	Ontario

State: CA ZIP+4: 91761

Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	207
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	207

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