



A. Mailer Action

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: 05/29/25

Shipped From:

Name: SHIPPING DEPARTMENT

Address: 14909 SUMMIT DRIVE

City: Eastvale

State: CA ZIP+4: 92880

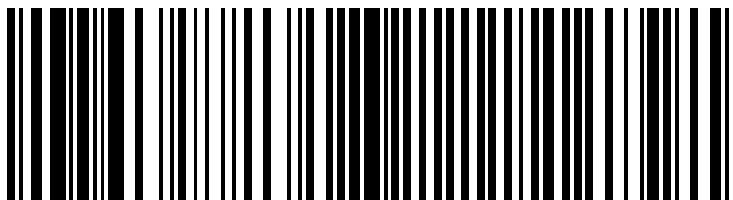
| Type of Mail | Volume |
|--------------------------|--------|
| Priority Mail Express®* | 0 |
| Priority Mail® | 0 |
| USPS Ground Advantage™ | 59 |
| Returns | 0 |
| International* | 0 |
| USPS Connect™ Local | 0 |
| USPS Connect™ Local Mail | 0 |
| USPS Connect™ Regional | 0 |
| Other | 0 |
| Total | 59 |

*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.

USPS SCAN AT ACCEPTANCE



9275 0903 7532 6000 0000 1330 41