

**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: 05/30/25

Shipped From:

Name: <u>SHIPPING DEPARTMENT</u> Address: <u>10415 8TH ST</u> City: <u>Rancho Cucamonga</u>

State: CA ZIP+4: 91730

| Type of Mail             | Volume |
|--------------------------|--------|
| Priority Mail Express®*  | 0      |
| Priority Mail®           | 0      |
| USPS Ground Advantage™   | 214    |
| Returns                  | 0      |
| International*           | 0      |
| USPS Connect™ Local      | 0      |
| USPS Connect™ Local Mail | 0      |
| USPS Connect™ Regional   | 0      |
| Other                    | 0      |
| Total                    | 214    |

\*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.

