



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: 08/25/25  
Shipped From:  
Name: PW-JYN PW-JYN  
Address: 16 APPLGATE DR  
City: ROBBINSVILLE  
State: NJ ZIP+4: 08691

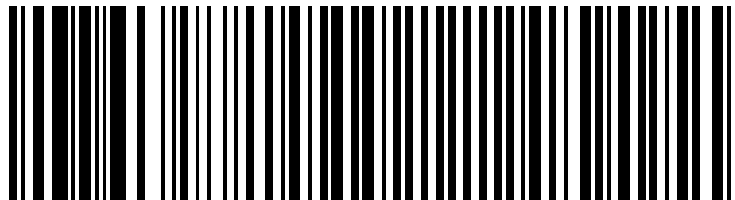
Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	55
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	55

\*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



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