



## 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: 09/17/25

Shipped From:

Name: SHIPPING DEPARTMENT

Address: 900 KNELL RD UNIT C

City: Montgomery

State: IL ZIP+4: 60538

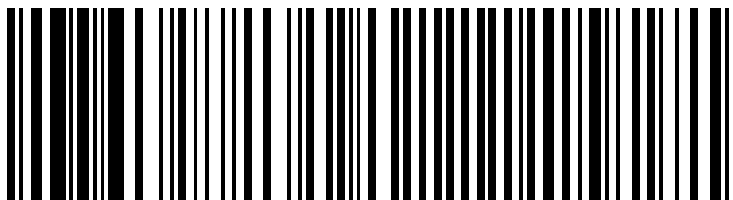
| Type of Mail             | Volume |
|--------------------------|--------|
| Priority Mail Express®*  | 0      |
| Priority Mail®           | 0      |
| USPS Ground Advantage™   | 15     |
| Returns                  | 0      |
| International*           | 0      |
| USPS Connect™ Local      | 0      |
| USPS Connect™ Local Mail | 0      |
| USPS Connect™ Regional   | 0      |
| Other                    | 0      |
| Total                    | 15     |

\*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 6300 0000 1220 04