



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: 10/29/25

Shipped From:

Name: PW-JYN PW-JYN

Address: 16 APPELGATE DR

City: ROBBINSVILLE

State: NJ ZIP+4: 08691

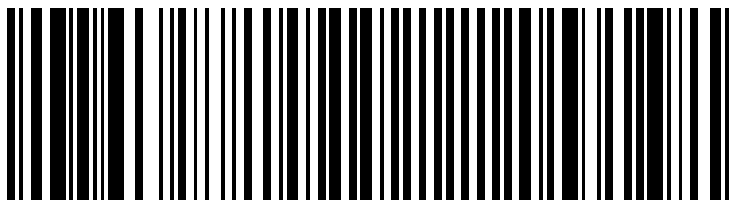
Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	644
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	644

*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 1913 2100 0001 2598 32