

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: 04/08/25	Shipment Date:_	04/08/25
-------------------------	-----------------	----------

Shipped From:

Name: PW-USPS-CHICAGO03 PW-USPS-CHICAGO03

Address: 900 KNELL RD UNIT C UNIT C

City: Montgomery

State: IL ____ ZIP+4: 60538

Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	165
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	165

*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.

