

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 Dat	te: 04/1	9/25

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™	232
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	232

*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.





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City: Montgomery

State: IL ____ ZIP+4: 60538

Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	5
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	5

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