

**Note To Mailer:** The labels and volumes associated to this form online **must** match the labeled packages being presented to the USPS<sup>®</sup> employee with this form.

Shipment Date: 11/07/24

Shipped From:

Name: PW PW

Address: 2001 GEHMAN RD

City: Harleysville

State: PA ZIP+4: 19438-null

| Type of Mail                       | Volume |
|------------------------------------|--------|
| Priority Mail Express®*            | 0      |
| Priority Mail®                     | 0      |
| USPS Ground Advantage <sup>™</sup> | 77     |
| Returns                            | 0      |
| International*                     | 0      |
| USPS Connect™ Local                | 0      |
| USPS Connect™ Local Mail           | 0      |
| USPS Connect™ Regional             | 0      |
| Other                              | 0      |
| Total                              | 77     |

\*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.

