

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: 02/	28/25
--------------------	-------

Shipped From:

Name: PW PW

Address: 12045 168TH ST

City: JAMAICA

State: NY ZIP+4: 11434-9993

Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	22
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	22

ı.

*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.

