



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: 03/15/25
Shipped From:
Name: PW PW
Address: 12045 168TH ST
City: JAMAICA
State: NY ZIP+4: 11434-9993

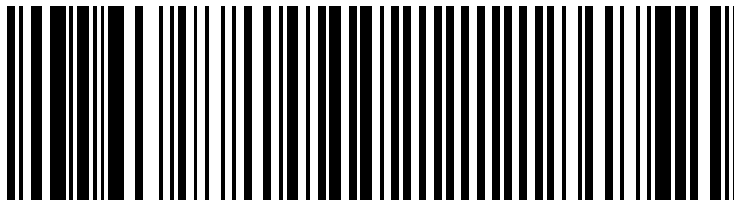
| Type of Mail | Volume |
|--------------------------|--------|
| Priority Mail Express®* | 0 |
| Priority Mail® | 0 |
| USPS Ground Advantage™ | 50 |
| Returns | 0 |
| International* | 0 |
| USPS Connect™ Local | 0 |
| USPS Connect™ Local Mail | 0 |
| USPS Connect™ Regional | 0 |
| Other | 0 |
| Total | 50 |

*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



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