

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:_ | 03/06/25 | |
|-----------------|----------|--|
| Shipped From: | | |

Name: ANDY ANDY

Address: 5440-AEAST FRANCIS STREET

City: Ontario

State: CA ZIP+4: 91761

| Type of Mail | Volume | |
|--------------------------|--------|--|
| Priority Mail Express®* | 0 | |
| Priority Mail® | 0 | |
| USPS Ground Advantage™ | 16 | |
| Returns | 0 | |
| International* | 0 | |
| USPS Connect™ Local | 0 | |
| USPS Connect™ Local Mail | 0 | |
| USPS Connect™ Regional | 0 | |
| Other | 0 | |
| Total | 16 | |

*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.

