



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: 02/17/26

Shipped From:

Name: SHIPPING DEPARTMENT

Address: 900 KNEEL RD UNIT C

City: Montgomery

State: IL ZIP+4: 60538

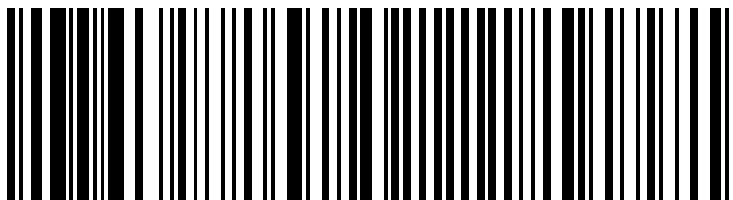
Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	9
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	9

*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



9275 0903 9308 5200 0000 0357 10



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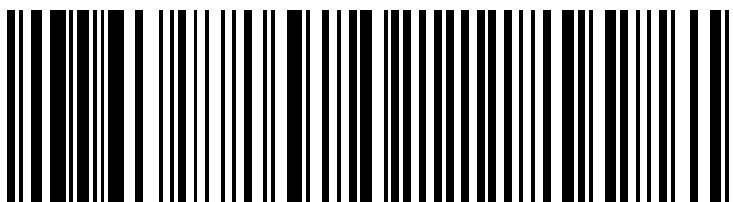
Type of Mail	Volume
Priority Mail Express®*	0
Priority Mail®	0
USPS Ground Advantage™	109
Returns	0
International*	0
USPS Connect™ Local	0
USPS Connect™ Local Mail	0
USPS Connect™ Regional	0
Other	0
Total	109

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