United States Postal Service

## Postage Statement — First-Class Mail — Easy Nonautomation Letters, Cards, or Flats — Permit Imprint

Post Office:	Note Mail Arrival Time

This form may be used only for a single nonautomation rate mailing of identical-weight pieces paid with permit imprint. All other mailings must use the appropriate version of Form 3600. Checklists and other tools for mailers are available on the Postal Explorer Web site at <a href="http://pe.usps.gov">http://pe.usps.gov</a> (click on "Business Mail 101").

ion	Permit Holder's Name and Address, and Email Address If Any	Telephone	Permit No.	Federal Agency Cost Code		_		
ormat			Mailing Date	Statement Seq. No.	0pour			
ral Inf			Post Office of Mailing					
General Information			Processing Category (DMM C050)  Letters (Including card rate)   Flats		Total Pieces	Total Weight		
	Category		Presort Level	Rate	Number of Pieces	Totals		
Postage Computation (DMM P013)	Letters or Flats (DMM C050)	Postage	C1. Presorted	,	X			
			C2. Single-Piece	,	X			
		Nonmachinable Surcharge (For pieces 1 oz. or less)	C3. Presorted	.055	x			
			C4. Single-Piece	.120	X			
	Cards Eligible for Card Rates (DMM C100)	Postage	D6. Presorted	.212	x			
omo			<b>D7.</b> Single-Piece	.230	X			
je C	Postmaster: Report total postage (Add lines above) —							
ostaç	For USPS Use Only: Additional Postage Payment (State reason)							
Δ.	Postmaster: Report total adjusted Postage (Add additional postage to total postage) —  Total Adjusted Postage (Add additional postage to total postage)							
Certification	The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.  The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.  I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.							
	Signature of Mailer or Agent		Name of Mailer or Agent			Telephone		
	Weight of a Single Piece  pound Total Pieces							
USPS Use Only	Check One (If applicable)  Presort Verification Not Scheduled  Presort Verification Performed a	s Scheduled		By (Initials)		Stamp (Required)		
	I CERTIFY that this mailing has been inspected concerning: (1) eliging presort where required); (3) proper completion of postage statements  Verifying Employee's Signature  Verifying Emp		t; and (4) payment of annu	al fee (if required).	AM PM			