



MAIL FORWARDING SERVICE RATES

Our Most Popular Plans:

**Our
Best!**

The Gold Standard (By far, most of our members choose this plan.)

Sorting first/third class mail (removing "junk")
Medium volume of mail/packages and occasional special handling
Sent to you per your instructions via US Mail/FedEx
\$189 annually *or less for vacation service** + postage fund (*Suggested* \$200-\$500 min. to open.)
One Lifetime \$25 start-up fee per account

Better

The Silver Plan

All mail received is forwarded via US Mail/FedEx
Sent to you per your instructions · Only occasional packages or special handling
\$149 annually *or less for vacation service** + postage fund (*Suggested* \$200-\$500 min. to open.)
One Lifetime \$25 start-up fee per account

Good

The Bronze Plan: Lucky 7

Receive 7 or fewer **pieces** of mail per year (*including "junk mail"*) such as using Americas Mailbox, Inc. as a "**Home Base**" for vehicle licensing and registration. **Utilize the expertise of our entire TEAM of vehicle registration experts, who will fill out all the needed paperwork on your behalf.** Limited or no address changes. \$129 annually and \$100-\$150 min. to open postage fund
One Lifetime \$25 start-up fee per account

The Platinum Plan for Small Businesses

Special sorting of all mail · Large volume of mail/packages and frequent special handling
· Mailed per *your* schedule: daily, weekly, semi-monthly
\$229 annually · \$200-\$500 min. postage fund
One Lifetime \$25 start-up fee per account

Many folks ask us which plan would be best for them. We ask only a few simple questions:

- ☞ If you would like all your important mail and none of the "junk" mail, choose the Gold Standard Plan as about 80% of our current members have because this plan makes sense to them and saves them money on the postage. We will sort the classes of mail, and all third-class mail will be discarded/recycled or shredded, except the third-class mail that appears to be important: for example, printed checks, refunds, etc.
- ☞ If ALL your mail will be coming to Americas Mailbox, Inc. choose the Silver Plan if you want to receive *every piece*, including those addressed to "Resident," "Occupant," "Good Sam Member," and those inevitable 2- or 3-pound catalogs. *Of course you are still responsible for all the additional postage and handling charges it takes to get all that "junk" mail to you.*
- ☞ Will you be using your address ONLY as a legal residence, never getting any more than 7 pieces of mail a year, *including junk mail*? If so, we suggest the Bronze Plan.
- ☞ Will you be receiving business mail in your account? If so, you will need the Platinum Plan.

**These plans are available for vacation service only: Silver Plan \$14/mo. or Gold Standard \$18/mo., both in 3-month increments.
You must be on an annual plan if your vehicles are registered and insured to your Americas Mailbox address*

Office: 514 Americas Way ♦ Box Elder, SD 57719-7600
(605) 718-1234 Office, 9-5, M-F Mountain ♦ (605) 939-0411 Message Center 24/7
Internet: www.Americas-Mailbox.com eMail: Americas.Mailbox@GMail.com

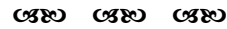


Mail Forwarding & Home Base Services

Corporate Offices

514 Americas Way ♦ Box Elder SD 57719-7600

(605) 718-1234, M-F, 9-5 Mountain — 24/7/365 Message Center (605) 939-0411



For general new membership questions only: Call (605) 593-4496 or (866) 747-3700 to reach Don & Barb wherever they are at the moment!

Website: www.Americas-Mailbox.com eMail: Americas.Mailbox@GMail.com

Our Exclusive Golden Rule Guarantee



Services:

Our Own Campground
(Full hookups, open all year round)

Our Own Comfortable Guest Rooms



RV Service, Parts & Supplies



Vehicle Titling

Vehicle Registration

In-House Independent Vehicle Insurance Agents



Mail Forwarding

Home Base Plan

Private Mailbox Rentals

Lucky 7 Plan

U.S. Postal Services

FedEx-Air/Ground

Package Handling

COD Acceptance

Junk Mail Removal

Emergency Locator



Fax Send & Receive

Notary Services

Voter Registration



Recommendations for:

Banking

Health Insurance

Accounting

Financial Planning

Wills and Trusts

and a free meal when

you visit us in person!

(certain common-sense restrictions apply)



Application Checklist

When you are ready to join Americas Mailbox, please use the following checklist.

(This is just a checklist for you, there is no need to mail it back to us):

- Page 1 of our Mail Service Agreement **completely** filled out
- Page 2 of our Mail Service Agreement **completely** filled out and signed in two places
- A method of payment (credit/debit card or check)
- Post Office 1583 form **completely** filled out and signed by **BOTH** husband and wife on **Line 5 AND Line 16**
- Two (2) clear photocopies of the front AND back of your current valid driver's licenses
- Two (2) clear photocopies of one other form of acceptable ID for each person

In order for us to register your vehicles for you, please make sure you send:

- Our Vehicle Checklist completely filled out and accompanied by any necessary additional documents for your particular circumstances

If you have ANY questions before joining, please call Don on his cell phone at 605-593-4496 days, early evenings, weekends & minor holidays are OK.

OR

Americas Mailbox office at 605-718-1234 from 9 to 5 Monday to Friday Mountain time zone



MAIL SERVICE AGREEMENT

Date processed (Office only): _____

PMB # (Office only) _____

MEMBER NAME(S): _____

List ALL other names, middle names, former names, maiden names, nicknames, initials, and company names that may appear on your mail: _____

1. This Agreement is made and entered into between Americas Mailbox, Inc. and the Member under the postal regulations and terms set forth herein.
2. Each individual or entity must complete a separate U.S. Postal Service Form 1583 to be authorized to receive mail or packages at Americas Mailbox Inc. However, spouses with the same last name may complete one Form 1583, as long as both spouses include their separate information on the form. If two people are not married, they must each fill out a separate Form 1583. Clear photocopies of the identification must be included.
3. This Agreement and Form 1583 shall remain confidential, except that this Agreement, Form 1583 and all other information may be disclosed upon request of any law enforcement or other governmental agency, or when legally mandated.
4. Upon request, Member agrees to complete all necessary documents, including Form 1583 and any required acknowledgement form relating to service of process. Member further agrees to fill in, sign and resubmit an updated version of Application and/or Form 1583, upon request in a timely manner.
5. Member agrees to strive to maintain a minimum of \$50 in their postage account. If the account falls below the critical balance of \$15, Americas Mailbox Inc. reserves the right to suspend service until account is brought current. There is a \$35 service charge for NSF or returned checks for any reason.
6. This agreement is automatically renewed on your anniversary date at the then current prevailing rate and terms. On the day your account is opened, it is initially prorated to the first of the following month. That date shall be considered your anniversary date. If any additional free membership time is added to your original agreement, it will be added at the end of the term and that will then be considered the new anniversary date. To assure an easy and efficient closure, we require written (not email) per postal regulations, a Notice of Cancellation and it must be received by Americas Mailbox, Inc. at least 90 days prior to the conclusion of the current agreement, or any partial extension thereof. In the absence of these instructions, we will use the money in your Postage and Services account to keep the account open so long as there are funds available.
7. Upon expiration, cancellation, or termination of this Agreement, Americas Mailbox, Inc. will:
 - a. Forward Member's mail for a short time, provided Member has previously paid the postage and fees in advance and supplied one (and only one) forwarding address and shipment schedule. We cannot accept funds once an account is closed unless the funds are to be used for re-opening.
 - b. If a member refuses to provide advance notice, postage and fees, forwarding address or schedule, then his or her mail (per USPS regulations) will be held for six months and then returned to sender. It cannot be returned before six months. This includes all (but not limited to) correspondence from the IRS, banks, credit card companies, vehicle registrations, Certified or Registered mail, packages, etc.
8. After written notification of the expiration, cancellation, or termination of this Agreement, in the absence of other provision being made, Americas Mailbox, Inc. will refund any unused postage and refuse or return to sender any mail or packages addressed and delivered to Americas Mailbox, Inc.
9. Upon expiration, cancellation, or termination of this Agreement, it is the responsibility of the Member to notify each correspondent of a change of address. The USPS does not accept a Change-of-Address card when terminating a PMB account.
10. When an account is terminated for any reason or date by member or Americas Mailbox, Inc, all monies due will be refunded in a timely manner.

Americas Mailbox, Inc. assumes no liability for damages, either direct or consequential, to any person, organization, or institution as a result of the use of this service, and reserves the right to modify or terminate this Agreement at any time, with or without notice. By signing this agreement you are authorizing Americas Mailbox to share your information with its affiliate companies for internal use only (i.e., the campground, hotel, etc). The USPS, UPS and/or FedEx may make address corrections per their address database on outgoing mail or return mail to sender without proper address.

EMERGENCY RECORD INFORMATION SHEET

In case of emergency, please notify: (Other than yourselves)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Member Current Driver's License #: _____ State: _____

Member Current Driver's License #: _____ State: _____

Social Security number(s): (needed if we are registering vehicles for you) _____

LUCKY 7 AND SILVER PLAN MEMBERS WILL RECEIVE ALL MAIL INCLUDING "JUNK MAIL."

OUR GOLD AND PLATINUM MEMBERS WILL RECEIVE ALL MAIL EXCEPT THIRD-CLASS MAIL WHICH WILL BE DISCARDED/RECYCLED (EXCEPT THE THIRD-CLASS MAIL THAT APPEARS TO BE IMPORTANT: FOR EXAMPLE, PRINTED CHECKS, REFUNDS, ETC.)

Most packages are sent Priority Mail via USPO or FedEx 3-Day Saver unless otherwise instructed.
If special packaging is used other than that supplied by USPS, FedEx or UPS, an additional materials/labor surcharge may be applied.
All plans have a minimum \$1.00 handling charge per mailing package deducted from the postage fund.
Oversized packages may incur an additional small handling fee for logging in, storage and retrieval, dependent upon size.
If you request a mailing and there is no mail in your box, you will receive postcard notification with normal handling fees applying.
(We began this convenient additional service at the request of a large majority of our members.)
If your plan is upgraded to a higher level of service (for example, Bronze to Silver), you must remain at least at that level upon renewal.
Of course, you can always choose to upgrade further at any time for a prorated amount.
As mandated by law, we are required to charge sales tax on services where applicable.

When the level of service at Americas Mailbox, Inc. is Gold or higher, Americas Mailbox, Inc. may take all available steps to limit/eliminate and/or discard what is commonly referred to as third class mail or "junk mail" or other such mail that the member does not want to be forwarded, as well as making any corrections/alterations to aid the delivery of the U.S. Mail.

*** DO NOT CHANGE YOUR ADDRESS UNTIL WE HAVE ALL PAPERWORK AND HAVE ASSIGNED YOU YOUR UNIQUE ADDRESS. IF YOU DO, WE ARE REQUIRED TO MARK ALL MAIL "RETURN TO SENDER" PER US POSTAL SERVICE ***

- New Account** **Reactivation** \$10 reactivation fee + \$0.60 sales tax required
- The Gold Plan**— Do you hate "junk" mail like we do, and want us to destroy or discard it for you? If so, choose this plan.
By Far Our Most Popular Program! Most folks take this one because they save money on postage by not getting junk mail.
\$189/year [OR \$18/mo. with 3-month vacation min.] + \$25 one-time set-up fee + \$12.84 sales tax + \$100-500 to open postage account
- The Silver Plan**—Do you like "junk" mail, and don't mind paying all the extra money in postage to get it shipped to you? If so, choose this plan.
\$149/year [OR \$14/mo. with 3-month vacation min.] + \$25 one-time set-up fee + \$10.44 sales tax + \$100-500 to open postage account
- Bronze Lucky 7 Plan**—
\$129/year + \$25 one-time set-up fee + \$9.24 sales tax + \$100 to open postage account
(If a Bronze Plan member receives more than 7 pieces of mail--including junk mail--during their membership period, that member will automatically be upgraded by proration to Silver Plan status.)
- Platinum Plan for Small Business**—
\$229/year + \$25 one-time set-up fee + \$15.24 sales tax + \$200-500 to open postage account
- Credit or Debit Card (required): MasterCard VISA Discover

Card #: _____ Exp. date: _____ 3-digit security code: _____

Other than our fees, how much postage may we add to your account? Suggestion: Most folks put in between \$250-\$500 \$ _____
Payments may show up on the credit card bill as Americas-Mailb. We're sorry, but we must currently add a "convenience" fee based on the amount charged, because we do not want to have to raise our rates for all customers. Since we do not "resell" the postage to you as many other mail-forwarding companies do, if we did NOT have a convenience fee we would in effect be subsidizing your postage fund. Of course you can choose to send us a personal check instead. Your signature below gives us your permission to charge your credit card for all future services and postage.

Signature as it appears on credit card **X** _____

Current credit card billing address _____

City, State, Zip _____

Check #: _____

☞ **Important: PRINT** E-mail addresses (for communication and tracking numbers) 1. _____
2. _____

Please note: We conduct most of our business via e-mail whenever possible, so please give us your "real" or active e-mail addresses.

Phone _____ Cell phones _____

Acknowledgement: I have read and agree to the terms and conditions of this agreement. (Keep a copy for your records.)

Member signature(s): **X** _____ Date: _____

If you were referred by an existing member or somebody at a dealership, please write their name and box number below so we can say "Thank You." Existing members get a FREE \$25 Restaurant Gift Certificate or a month of membership.

Name _____ Box # _____ Dealership _____

Please tell us how you first found out about Americas Mailbox:

- Internet Search Engine Internet Chat Room Magazine Seminar Other

Please describe: **X**

rev 01113

Office: 514 Americas Way ♦ Box Elder, SD 57719-7600
(605) 718-1234 Office, 9-5, M-F Mountain ♦ (605) 939-0411 Message Center 24/7 ♦ (800) 225-5411
Internet: www.Americas-Mailbox.com eMail: Americas.Mailbox@GMail.com

Prices/terms subject to change without prior notice



POSTAL FORM 1583 INSTRUCTIONS

To make sure your mail is delivered correctly, we will need you to fill out two copies of United States Postal Service Form 1583, "Application for Delivery of Mail Through Agent." Please fill it out per the following instructions and sample page and mail it back to us along with two copies of two forms of your ID (at least one with a picture, see Box 8 for examples) to:



Americas Mailbox, Inc.
514 Americas Way
Box Elder, SD 57719-7600

If you need more than the form attached, you can either photocopy it, get another one from our web site at: <http://www.americas-mailbox.com/Forms/USPS.Form.1583.pdf> - or ask us to fax or e-mail one to you.

Please fill in all of the boxes on the form. **Please note that filling out this form does NOT notify the postal service to forward your mail...it only gives us permission to accept your mail. Only you can notify the USPS and only following our sample.**

1. Fill in today's date.
2. Husband and wife can fill out one form jointly, but must have at least one piece of ID that is separate for each one. List all names by which you receive mail. Example: nicknames, maiden names, middle names. If you are not married, each person must fill out a separate form. **If you receive mail for another person, list their names separately and send a copy of the Power of Attorney that allows you to accept their mail and act on their behalf.**
3. Please do not write in this block. We will fill it in after your application has been processed and your new address assigned.
4. This section will already be filled in if you are receiving this information by U.S. mail, or we will fill it in for you.
5. **To authorize restricted delivery mail, the post office requires your signature here, for both parties on the account. Restricted delivery mail is certified mail that states only the addressee may sign for it. Your signature allows us, as your agent, to sign for it. Signature(s) must be the same as in box 16.**
6. **Print** your legal name(s) as they appear in boxes 5 and 16.
7. If you have a home base (other than your vehicle), your physical address goes here (it CANNOT be a Post Office Box number). If you have no home base and do not live in your vehicle, please enter your most current address where you receive mail. If you live in your vehicle, indicate that, give the state in which it is registered and the license plate number. **If you do not have a license plate number, you must list your most current mailing address. The information in this box is NOT used to change your address with the post office—you must do that yourself after you receive your unique number and welcome pack instructions from us.**
8. You may use any current, valid picture ID from any state, such as a driver's license. The second form of ID must show a number and your name. Examples of acceptable ID you may use: valid driver's license or state non-driver's identification card; armed forces, government, university or recognized corporate identification card; valid passport or alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. **Social Security cards, credit/debit cards, and birth certificates are unacceptable.** Please remember to list the type of ID used for each form of identification. Each person listed in Box 2 (and Box 12 if applicable) must have two forms listed. You must send clear photocopies of all identification used showing the number and name.
9. Blocks 9 through 14 only need to be filled out if you will be receiving mail addressed to a business or a name other than your own. If not, please enter NA in each block. If you do wish to receive mail addressed to a business or a name other than your own, follow these instructions:
 - Box 9: Name of company
 - Box 10: Legal business address of your company. If you have no business address, list home address from Box 7 again. If business is run from vehicle by full-time RVer, trucker, or boater, repeat the information given in Box 7.
 - Box 11: Kind of business.
 - Box 12: Your name. Additional names (**minor children, deceased parents/spouses**) required (see instructions for Box 8).
 - Boxes 13 and 14: Do not leave blank. If these do not apply, write "N/A"
15. **You do NOT need to have the 1583 notarized. Leave this blank.** Our manager will sign after verifying your ID.
16. **Please make certain you have signed your legal name(s) for both parties on this line. This form must be filled out completely. Return to Americas Mailbox with clear photocopies of your current identification. We recommend using Priority mail or private carrier.**

514 Americas Way ♦ Box Elder SD 57719-7600 ♦ (605) 718-1234-Office

♦ (605) 939-0411-24/7 Message Center

Internet: www.Americas-Mailbox.com

eMail: Americas.Mailbox@GMail.com

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

Sample Page

1. Date
 Insert Today's Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.) Insert Names Here — Read Instructions #2 Above		3a. Address to be Used for Delivery (Include PMB or # sign.) PMB # (To Be Assigned) 514 Americas Way		
		3b. City Box Elder	3c. State SD	3d. ZIP + 4® 57719-7600
4. Applicant authorizes delivery to and in care of: a. Name Americas Mailbox		5. This authorization is extended to include restricted delivery mail for the undersigned(s): <h2 style="text-align: center;">You Must Sign ALL Name(s) Here</h2>		
b. Address (No., street, apt./ste. no.) 514 Americas Way				
c. City Box Elder	d. State SD			
6. Name of Applicant Insert Name Here — Same Instructions as #2 Above		7a. Applicant Home Address (No., street, apt./ste. no.) See #7 On The Instruction Sheet		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. a. We need two forms of ID for each person		7b. City	7c. State	7d. ZIP + 4
b. See below for what is acceptable identification Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		7e. Applicant Telephone Number (Include area code)		
		9. Name of Firm or Corporation If Needed		
		10a. Business Address (No., street, apt./ste. no.) If Needed		
		10b. City If Needed	10c. State	10d. ZIP + 4
		10e. Business Telephone Number (Include area code) If Needed		
		11. Type of Business If Needed		
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.) If Needed for minor children or deceased parents/spouses				
13. If a CORPORATION, Give Names and Addresses of its Officers If Needed or Not Applicable (N/A)		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration. If Needed or Not Applicable (N/A)		
Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).				
15. Signature of Agent/Notary Public This is <u>NOT</u> needed/Waived by Postal Service		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) You must SIGN ALL Name(s) Here		

United States Postal Service®
Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)		3a. Address to be Used for Delivery (Include PMB or # sign.) # _____ 514 Americas Way	
		3b. City Box Elder	3c. State SD
		3d. ZIP + 4® 57719-7600	
4. Applicant authorizes delivery to and in care of:		5. This authorization is extended to include restricted delivery mail for the undersigned(s):	
a. Name Americas Mailbox		X X	
b. Address (No., street, apt./ste. no.) 514 Americas Way			
c. City Box Elder	d. State SD		
6. Name of Applicant		7a. Applicant Home Address (No., street, apt./ste. no.)	
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.		7b. City	7c. State
a.		7d. ZIP + 4	
b.		7e. Applicant Telephone Number (include area code)	
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		9. Name of Firm or Corporation	
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)		10a. Business Address (No., street, apt./ste. no.)	
		10b. City	10c. State
		10d. ZIP + 4	
		10e. Business Telephone Number (include area code)	
		11. Type of Business	
13. If a CORPORATION, Give Names and Addresses of Its Officers		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.	
15. Signature of Agent/Notary Public		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)	
		X	

X

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on USPS.com®.