United States Postal Service

Postage Statement — Standard Mail Subject to Surcharge Postage Affixed

Post Office:	Note Mail Arrival Time	

Use this form only for letters subject to the nonmachinable surcharge and pieces subject to the residual shape surcharge. Use Form 3602-P for all other letters and flats. Permit Holder's Name and Address. Telephone Name and Address of Telephone Name and Address of Individual or and Email If Any Mailing Agent (If other Organization for Which Mailing Is Prepared Mailer Info. than permit holder) (If other than permit holder) Dun & Bradstreet No. Dun & Bradstreet No. Dun & Bradstreet No. Post Office of Mailing Processing Category (DMM C050) Mailing Date Statement Seq. No. Number of Containers Letters CMM ■ Machinable Parcels Weight of a Single Piece Total Pieces Info. ☐ Irregular Parcels 0 ☐ Precanceled Stamps pound For Mail Enclosed Within Another Class If Sacked, Based on Total Weight Mailing Periodicals Bound Printed Library Media Parcel ☐ 125 pcs. ☐ 15 lbs. ☐ both Matter Mail Mail Post For Enhanced Carrier Route Rate Pieces, Enter Date For Enhanced Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) of Carrier Route Sequencing (DMM M050.4.0) For Presorted Letters Total From Part E (On reverse) Total From Part F (On reverse) For Presorted Nonletters (3.3 oz. or less) P013) For Presorted Nonletters (More than 3.3 oz.) Total From Part G (On reverse) For Enhanced Carrier Route Nonletters (3.3 oz. or less) Total From Part H (On reverse) (DMM For Enhanced Carrier Route Nonletters (More than 3.3 oz.) Total From Part I (On reverse) Computation Total From Part L (On reverse) For Customized MarketMail (3.3 oz. or less) For Special Services (3/5 and Basic rate parcels only) Total From Attached Form 3540-S Is pound rate paid by permit imprint under DMM P600.2.0? Total Postage (Add lines above) -Yes (Form 3602-RS required) ΠNo Rate at Which Postage Affixed (DMM P600) (Check one) pcs. x \$ ____ = Postage Affixed -Postage ☐ Correct ☐ Lowest ☐ Neither **Net Postage Due** (Subtract postage affixed from total postage) For USPS Use Only: Additional Postage Payment (State reason) **Total Adjusted Postage** (Add additional postage to total postage) 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. Certification 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. Privacy Notice: For information regarding our Privacy Policy visit www.usps.com. Signature of Mailer or Agent Name of Mailer or Agent Telephone Weight of a Single Piece Are figures at left adjusted from mailer's entries? Yes No pound If "Yes." Reason **Check One** Round Stamp (Required) Presort Verification Not Scheduled Presort Verification
Performed as Scheduled I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; **Date Mailer Notified** Contact By (Initials) (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee. Verifying Employee's Signature Verifying Employee's Name Time AM PM

Standard Mail Subject to Surcharge — Postage Affixed Rate Rate											
Entry Discoun	ıt	Presort Discount	per	Number of Pieces Total	Entry Discou	nt	Presort Discount	per Piece	Number of Pieces		Total
E	Pres			3.3 oz. (0.2063 lb.) or Less inable surcharge.	Н		Nonletter Rates - Rates include \$.20				Less
••	E1.			pcs. = \$	None	H1.	Saturation				
·	E2.	Basic	.308 >	c pcs. = \$			High Density				
BMC I	E3.	3/5		c pcs. = \$		Н3.	Basic	.394 X		pcs. = \$	Ď
I	E4.	Basic	.287 x	c pcs. = \$	DBMC	H4.	Saturation	.339 x		pcs. = \$	\$
SCF I	E5.	3/5	.262 >	cpcs. = \$			High Density				
E6	E6.	Basic		cpcs. = \$		Н6.	Basic	.373 x		pcs. = \$	B
					DSCF	H7.	Saturation	.334 x		pcs. = \$	5
						H8.	High Density				
					H9.	Basic	.368 x		pcs. = \$	S	
					DDU	H10	. Saturation	328 x		ncs = \$	\$
							. High Density				
otal —	· Par	t E (Carry to from	nt of form)	\$. Basic				
F				ces 3.3 oz. (0.2063 lb.) or Less							
•		Rates include \$.2	230 residual s	hape surcharge.	Total	Do	rt H (Carry to fron	of form)		9	\$
lone l	F1.	3/5	.518 >	c pcs. = \$	Total -				Th 2		
ı	F2.	Basic	.574 >	c pcs. = \$			R Nonletter Rates			•	,
вмс	F3.	3/5	.497 >	c pcs. = \$			described in DMM ce in the "Rate" co				
	F4.	Basic		pcs. = \$			charge.				
SCF	E	3/5	402 \	c pcs. = \$	None	11	Saturation	\$ x		ncs = 9	\$
_		Basic		pcs. = \$	Thomas and the second		High Density				\$
						I3.	Basic				\$
								•			
					DBMC		Saturation				
							High Density Basic				\$ \$
						10.	Dasic	Ψ^		, poo.	P
					DSCF		Saturation			pcs. = 9	\$
otal —	Dari	t F (Carry to fron	t of form)	\$			High Density			• •	\$
					4)	19.	Basic	\$x		pcs. = 8	\$
_				eces More Than 3.3 oz. (0.2063 lampute and enter the rate for each	5511	I10.	Saturation	\$x		pcs. = \$	\$
			,	must include \$.230 residual shape		l11.	High Density				
	surc	charge and, if eligi	ble, the \$.030) barcoded discount.		l12.	Basic	\$ x		pcs. = \$	\$
lone G	31	3/5	\$ x	pcs. = \$							
		Basic		pcs. = \$							
			_	_							
BMC G				pcs. = \$ pcs. = \$	Total –	- Pari	t I (Carry to front	of form)		\$	ß
G	š4 .	Basic	Φ x	ρcs. – φ	L		omized MarketMa				63 <i>lb.)</i> or l
SCF (G5.	3/5		pcs. = \$			Rates include \$.23		•	•	
(G6.	Basic	\$ x	pcs. = \$	None	L1.	Basic	.574 x _	p	cs. = \$_	
				•						•	
otal —	Par	t G (Carry to fror	nt of form)	\$	I Total ·	— Pa	rt L (Carry to fror	nt of form)		p	