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 http://pe.usps.gov (click on "Business Mail 101").

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ation	Permit Holder's Name and Address, and Email Address If Any	Telephone	Permit No.		Federal Age	Federal Agency Cost Code		Weight of a Single Piece 0 pounc		
rm			Mailing Date		Statement S	nent Seq. No. Number		of Containers		
General Information			Post Office of Mailing							
neı			Processing Category (DMM C050) Total Pieces					ces	Total Weight	
ğ			Letters (Including card rate)			Flats				
(Category			Presort Level		Rate	Number of Pieces		Totals	
(DMM P013)		Postage	C1. Presorted		х					
Σ		<u> </u>	C2. Sing	le-Piece		X				
(DN		Nonmachinable Surcharge	C3. Presorted		.055 x					
		(For pieces 1 oz. or less)	C4. Single-Piece			.120 x				
utati	Cards Eligible for Card Rates <i>(DMM C100)</i>	Postage	D6. Pres	Presorted .212		212	х			
mp		1 Ustage	D7. Sing	le-Piece	.2	230	x			
ge Cc	Postmaster: Report total postage in AIC 121. Total Postage (Add lines above)							\$		
Postage Computation	For USPS Use Only: Additional Postage Payment (State reason)									
ъ	Postmaster: Report total adjusted postage in AIC 121. 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 Are figures at left adjusted from mailer's entries? Yes No									
	Total Pieces Total Weight If "Yes," Reason									
	Total Postage									
У	>									
e Only	Check One (If applicable) Presort Verification Not Scheduled Presort Verification Performed as Scheduled		otified	tified Contact		By (Initials)		Round Stamp (Required)		
PS Use	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).									
USPS	Verifying Employee's Signature Verifying Emplo			oyee's Name			AM PM			