United States Postal Service **Postage Statement — Media Mail and Library Mail Permit Imprint**

	- North all and the state of the second state of	to the same since the same should be at a				
Mailer Information	h subclass is subject to separate m Permit Holder's Name and Address, ar Email Address If Any		Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Organization for Whick other than permit hold	n Mailing Is Prepared (If
Mailer	CAPS Cust. Ref. ID Dun & Bradstreet No		Dun & Bradstreet No		Dun & Bradstreet No.	
Mailing Info.	Permit No.	Processing Category (DMM C050) Flats Irregular Parcels Machinable Parcels Nonmachinable Parcels	Mailing Date Weight of a Single Piece If Sacked, Based on Piece Count	Federal Agency Cost Code	Statement Seq. No. Total Pieces Total Weight	Number of Containers
3)	For Barcoded Media Mail (DM	,		Total From Pa	rt A <i>(On reverse)</i> rt B <i>(On reverse)</i>	
Postage (DMM P013)	For Barcoded Library Mail (DA		Total From Part C (On reverse)			
ige (D	For Nonbarcoded Library Mail	(DMM E714)	Total From Part D (On reverse)			
Posta	For Special Services and Othe	er Fees	Total From Attached Form 3540-S			
	Postmaster: Report total postage in Al	IC 124.	Total	Postage (Add lii	nes above) —	
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 o	r Agent	Т	elenhone

	Signature of Maller of Agent			Name of Maller of Agent			relephone
	Weight of a Single Piece	pounds	Are figures at left adjust If "Yes," Reason	ted from mailer's entries?	Yes 🗌	No	1
	Total Postage Check One <i>(If applicable)</i>					Round S	Stamp (Required)
USPS Use	Presort Verification Not Scheduled	or postage rates claimed;					
	(3) proper completion of po (4) payment of annual fee (ostage statement; and if required).	Date Mailer Notified	Contact	By (Initials)		
	Verifying Employee's Sign	ature	Verifying Employee's Na	ame	Time	AM PM	

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This form and mailing standards available on Postal Explorer at http://pe.usps.gov

Rates must include discounts, as appropriate (DMM R700.3.0).

	Sort Level	Number of Pieces	X Rate	Total Postage
A1	5-Digit			
A2	Basic			
A3	Single-Piece			
	Totals			

A. Barcoded Media Mail — Machinable Parcels

Total — Part A (Carry to front of form)

B. Nonbarcoded Media Mail

	Sort Level	Number of Pieces	X Rate	Total Postage
B1	5-Digit			
B2	Basic			
В3	Single-Piece			
	Totals			

Total — Part B (Carry to front of form)

Rates must include discounts, as appropriate (DMM R700.4.0).

	······································				
	Sort Level	Number of Pieces	 X Rate 	Total Postage	
C1	5-Digit				
C2	Basic				
C3	Single-Piece				
	Totals				

C. Barcoded Library Mail — Machinable Parcels

Total — Part C (Carry to front of form)

D. Nonbarcoded Library Mail

	Sort Level	Number of Pieces	X Rate	Total Postage
D1	5-Digit			
D2	Basic			
D3	Single-Piece			
	Totals			

Total — Part D (Carry to front of form)