

Postage Statement -- Standard Mail (A)
(Nonprofit Only) — Permit Imprint

MAILER: Complete all items by typewriter, pen, or indelible pencil. If you need a receipt, prepare in duplicate.

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| Post Office of Mailing Highlandtown | | Mailing Date 6/17/98 | Processing Category <input checked="" type="checkbox"/> Letters (DMM C050) <input type="checkbox"/> Flats (DMM C050) <input type="checkbox"/> Automation-Compatible Flats (DMM C820) <input type="checkbox"/> Machinable Parcels (DMM C050) <input type="checkbox"/> Irregular Parcels (DMM C050) | USPS Authorized Mailing ID Code(s) |
| Permit No. 6326 | | Statement Sequence No. | | Prepared Under DMM (Check all that apply) <input type="checkbox"/> M690 (Letters, flats, parcels) <input type="checkbox"/> M891 (ZIP+4 letters) <input type="checkbox"/> M892 (ZIP+4 letters) <input type="checkbox"/> M893 (Barcoded letters) <input type="checkbox"/> M894 (Barcoded letters) <input type="checkbox"/> M895 (Barcoded letters) <input type="checkbox"/> M897 (Barcoded flats) Optional Preparation: <input type="checkbox"/> M610 (Letters, flats, parcels) <input type="checkbox"/> M610 (Upgradable letters) <input type="checkbox"/> M620 (Enhanced Carrier Route) <input type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Automation flats) |
| Permit Holder's Name and Address (Include ZIP Code) United Evangelical Church 3200 Dillon St. Baltimore, Md. 21224 | | Telephone 410-276-2388 | Receipt No. | |
| Dun & Bradstreet No. | | Container Quantities (Fill in all that apply) 1-Ft. MM Trays _____ 2-Ft. MM Trays _____ 2-Ft. EMM Trays _____ Total Ltr. Trays _____ Flat Trays N/A Number of Sacks _____ Number of Pallets _____ Number of Other _____ | | If Sacking, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> Both |
| Authorized nonprofit rates? (DMM E670) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Weight of a Single Piece _____ pounds | | |
| Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) | | Name and Address of Mailing Agent (If other than permit holder) | | |
| Authorized nonprofit rates? (DMM E670) <input type="checkbox"/> Yes <input type="checkbox"/> No | | Total Pieces 430 | | |
| Dun & Bradstreet No. | | Total Weight | | |

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| Postage Computation <ul style="list-style-type: none"> For automation rate letter-size pieces (DMM C810), go to Part A on the reverse of this form. For nonautomation rate letter-size pieces (DMM C050) weighing .2149 lb. (3.4383 oz.) or less, go to Part B on the reverse of this form. For non-letter-size pieces (DMM C050) weighing .2149 lb. (3.4383 oz.) or less, go to Part C on the reverse of this form. For all pieces weighing more than .2149 lb. (3.4383 oz.) but less than 1.0 lb. (16.0 oz.), go to Part D on the reverse of this form. | Postage (From reverse side) | Part A | \$ |
| | | Part B | \$ 51.45 |
| | | Part C | \$ |
| | | Part D | \$ |
| <input type="checkbox"/> Additional Postage Payment (State reasons) <input type="checkbox"/> Single-Piece Rate <input type="checkbox"/> Nonstandard Surcharge <input type="checkbox"/> Special Service (Specify) | | No. Pieces | Rate/Fee Per Pc. = \$ |
| Is applicable bulk per piece rate affixed to each piece? (Form 3602-PN required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Total Postage → \$ 51.45 | |

The signature of a mailer certifies that: (1) the mailing does not violate DMM E670; (2) only the mailer's matter is being mailed; (3) this is not a cooperative mailing with other persons or organizations that are not authorized to mail at Nonprofit Standard Mail rates at this office; (4) this mailing has not been undertaken by the mailer on behalf of or produced for another person or organization not authorized to mail at Nonprofit Standard Mail rates at this office; (5) the mailing, if made by a voting registration official, is required or authorized by the National Voter Registration Act of 1993; and (6) it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing, whether due to a finding that the mailing is cooperative or for other reasons. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the nonprofit mailer, and that both the nonprofit mailer and the agent will be liable for and agree to pay any deficiencies.)

The submission of a false, fictitious; or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).

I hereby certify that all information furnished on this form is accurate and truthful, that this mailing meets all applicable CASS/MASS standards for address and barcode accuracy, and that the material presented qualifies for the rates of postage claimed.

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| Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.) <i>Catherine M. Young</i> | Telephone 410-276-0393 |
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|---------------------------------------|--|
| Single-Piece Weight _____ pounds | Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Pieces _____ Total Weight _____ | If "Yes," Reason _____ |
| Total Postage _____ | |

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|---|----------------------------|---------------|---------------------|----------------------------|
| Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled | Date Mailer Notified _____ | Contact _____ | By (Initials) _____ | Round Stamp (Required) |
| I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee. | | | | |
| Signature of Weigher _____ | Time _____ AM _____ PM | | | |