

United States Postal Service
Postage Statement — USPS Marketing Mail

Comments: D21-00004	Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)
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MAILER	Permit Holder's Name and Address and Email Address, if Any	Telephone Extension	Name and Address of Mailing Agent (If other than permit holder)	Telephone Extension	Name and Address of Mail Owner (If other than permit holder)
	CAPS Cust. Ref. No. _____ CRID		CRID		City of Oceanside 300 North Coast Highway Oceanside CA 92054-2885 CRID

MAILING	Post Office of Mailing Blaine WA 98230	Mailer's Mailing Date 3/10/2021	Federal Agency Cost Code	Statement Seq. No. 309878	For Automation Price Pieces, Enter Date of Address Matching and Coding 3/08/2021	No. & Type of Containers 1 1' MM Trays 6 2' MM Trays 7 Total Trays 1 Flat Trays Sacks Pallets Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters [] CMM <input type="checkbox"/> Flats [] Catalogs <input type="checkbox"/> Marketing Parcels	Total # of Pieces in Mailing 1,982	SSF Transaction #	For CR Price Pieces, Enter Date of Address Matching and Coding 3/08/2021	
	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	Move Update Method <input type="checkbox"/> ASE [] Multiple <input type="checkbox"/> NCOALink [] OneCode ACS <input type="checkbox"/> ACS [] Alternative Method <input type="checkbox"/> n/a Alternative Address Format	Total Weight 49.5500	Permit # 106	For CR Price Pieces, Enter Date of CR Sequencing 3/08/2021	
		Combined Mailing <input type="checkbox"/> Mixed Class [] Single Class	Weight of a Single Piece 0.0250 pounds	<input type="checkbox"/> Mailpiece is a product sample. _____ % Samples	For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method 3/08/2021	

POSTAGE	Parts Completed (Select all that apply) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> NSA	
	1	Subtotal Postage (Add Parts Totals) 602.53
	2	Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither pcs. x \$ = Postage Affixed
	3	Incentive/Discount Flat Dollar Amount
	4	Fee Flat Dollar Amount
5	Permit # _____ Net Postage Due (Line 1 +/- Lines 2, 3, 4) 602.53	

USPSE	Additional Postage Payment (State reason)	
	For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Affixed
	Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only, Excluding Simplified Addressing (EDDM))	Total Adjusted Postage Permit Imprint
	Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)	Total Adjusted Postage Simplified Addressing (EDDM)

CERTIFICATION	Incentive/Discount Claimed: _____ Type of Fee: _____
	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 the mailing qualifies for the prices 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 _____ Printed Name of Mailer or Agent Signing Form: Jerilyn Hills Telephone: _____ Extension: _____ <i>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.</i>

USPS ONLY	Weight of a Single Piece _____ pound	Total Weight	Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason:	Round Stamp (Required) Payment Date
	Total Pieces	Total Postage		
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	Date Mailed Notified	Contact	
		By (Initials)	Time	AM PM
USPS Employee's Signature	Print USPS Employee's Name			