

United States Postal Service  
**Postage Statement - Standard Mail**

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round Stamp)

Mailer	Permit Holder's Name and Address and Email Address, If Any  Multi Media Services Clinton Fox 11136-40 River Road Corning, NY 14830 clintf@mmsny.com	Telephone 607-936-3186	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder)
	CAPS Cust. Ref. No. <b>Type of mailing</b> Customer No.		Customer No.	Customer No.	

Mailing	Post Office of Mailing <b>Painted Post</b>	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> ECR Letters - Paid as ECR Flats	Mailing Date Aug 24, 2009	Federal Agency Cost Code	Statement Seq. No. 130048	No. & Type of Containers 38 Sacks
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled <input type="checkbox"/> Stamps <input type="checkbox"/> Metered	Weight of a single-piece 0.2000 pounds	Total Pieces <b>4,576</b> <b>Total count</b>	Total weight 915.2000		<input type="checkbox"/> 1 ft. Letter Trays <input type="checkbox"/> 2 ft. Letter Trays <input type="checkbox"/> EMM Letter Trays <input type="checkbox"/> Flat Trays <input type="checkbox"/> Pallets Other
Permit # 60	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	<input type="checkbox"/> Periodicals <input type="checkbox"/> Parcel Post <input type="checkbox"/> 125 pcs <input checked="" type="checkbox"/> 15 lbs. <input type="checkbox"/> both	For Automation Price Pieces, Enter Date of Address Matching and Coding 8/24/2009		For Enhanced Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing 8/24/2009	

Move Update Method:  Ancillary Service Endorsement  FASTforward  NCOA Link  ACS  Alternative Method  Multiple

Postage	Parts Completed (Select all that apply) <input type="checkbox"/> A <input checked="" 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 checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S	Total Postage (Add parts Totals)	\$1,690.88	
	Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ _____ = Postage Affixed	<b>Total postage</b>	
	Net Postage Due (Subtract postage affixed from total postage)			
	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 (Permit Imprint Only) AIC 130		Total Adjusted Postage Permit Imprint		

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 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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com).

Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form Clinton Fox	Telephone 607-936-3186
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USPS Use Only	Weight of a Single Piece _____ pound	Are postage figures at left adjusted from mailer's entries? If "Yes," reason: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Total Pieces _____ Total Weight _____			
	Total Postage _____			
	Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No I CERTIFY that this mailing has been inspected concerning: (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 Mailer Notified	Contact	By (Initials)
	USPS Employee's Signature	Print USPS Employee's Name	Time	AM PM

# Mail Sort Summary Report

This summary information is provided as output from Bulk Mailer. It is intended for personal information only and is not to be submitted to the USPS.

## General Information

Job ID Annual Report	Current Group All Corrected Records	List Name Annual Report 8-09.bmf
Sequence Number 130048	Input Record Count 4,576	Product Name Bulk Mailer Professional v. 5.4.0
Current Date Aug 24, 2009	Mailing Date Aug 24, 2009	

## Sort/Piece Options

Sort Class <input type="checkbox"/> First-Class Mail <input type="checkbox"/> Periodicals <input checked="" type="checkbox"/> Standard Mail <input type="checkbox"/> Package Services	Piece Type <input type="checkbox"/> Letters <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Not Flat-Machinable <input type="checkbox"/> Postcards <input type="checkbox"/> Parcels <input type="checkbox"/> Irregular Parcels	Machinability <input checked="" type="checkbox"/> Machinable <input type="checkbox"/> Nonmachinable
		Piece Height 8.500 in(s).
		Piece Width 11.000 in(s).
		Piece Thickness 0.105 in(s).
		Piece Weight 3.2000 oz(s).

**Type of mail**

## Container Options

Sack Options	Tray Options	Min Pieces	Max Pieces	Min %	Max %	Pallet Options
Min Pieces 75	1-Foot Trays					Min Weight
Max Pieces 175	2-Foot Trays					Max Weight
Max Sack Weight 35.000 lbs	EMM Trays					Min Height/Layers
	Tubs					Max Height/Layers

## Presort Options

Tray Output Order <input type="checkbox"/> ZIP Code order <input checked="" type="checkbox"/> Presort level order	Other Options <input checked="" type="checkbox"/> Pieces are barcoded <input type="checkbox"/> Reduce overflow trays	Carrier Route <input checked="" type="checkbox"/> Only create full 5-digit carrier route trays <input checked="" type="checkbox"/> Create 3-digit carrier route trays
Permit Template Name 60 - MMS	Mail Drop ZIP Code 14870	Entry Point Discounts
Permit Number 60 <b>Permit number</b>	Maximum Bundle Thickness 8.000 in(s).	SCF
Permit Holder Name Multi Media Services	Rate Type <input checked="" type="checkbox"/> Profit <input type="checkbox"/> Nonprofit	BMC
		ADC
		DDU

## Presort Summary

Sort	Name	Count	1-Foot Trays	2-Foot Trays	EMM Trays	Sacks	Tubs	Pallets
Level 1	Carrier Route <b>Type of sort</b>	1,673				17		
Level 2	Automation	2,903				21		
Level 3								
Level 4								
Remain								
Totals		4,576				38		

## Postage Summary

Single Piece Postage 4576 x 1.391 = \$6,365.216	Presorted Postage \$1,690.88 <b>Total postage</b>	Postage Savings \$4,674.33 <b>Discount savings</b>
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## Notes