

United States Postal Service
Postage Statement — USPS Marketing Mail

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

M A I L E R	Permit Holder's Name and Address and Email Address, if Any Sutherland Printing 525 N Front St Montezuma IA 50171 mikew@sutherlandprinting.com	Telephone (641)-623-5115 Extension	Name and Address of Mailing Agent (If other than permit holder) Sutherland Printing 525 N Front St Montezuma IA 50171 mikew@sutherlandprinting.com	Telephone (641)-623-5115 Extension	Name and Address of Mail Owner (If other than permit holder) American Farming Publications LLC PO Box 841 2616 14th Ave N Fort Dodge IA 50501
	CAPS Cust. Ref. No. _____ CRID 4823215		CRID 4823215		CRID 25596373

M A I L I N G	Post Office of Mailing Montezuma IA 50171	Mailer's Mailing Date 1/28/2019	Federal Agency Cost Code	Statement Seq. No. Am Farming 532223	For Automation Price Pieces, Enter Date of Address Matching and Coding 1/23/2019	No. & Type of Containers 1' MM Trays 2' MM Trays 2' EMM Trays Total Trays 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 type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Catalogs <input type="checkbox"/> Marketing Parcels	Total # of Pieces in Mailing 8,000	SSF Transaction #	For CR Price Pieces, Enter Date of Address Matching and Coding 1/23/2019	
	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 <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> NCOALink <input type="checkbox"/> OneCode ACS <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> n/a Alternative Address Format	Total Weight 3,292.8000 Weight of a Single Piece 0.4116 pounds	Permit # 30 <input type="checkbox"/> Mailpiece is a product sample. _____ % Samples	For CR Price Pieces, Enter Date of CR Sequencing 1/23/2019	
	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	This is a Political Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.	For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method		

Parts Completed (Select all that apply) A B C D E F G H L S NSA

P O S T A G E	1	Subtotal Postage (Add Parts Totals)	5,351.67
	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)	5,351.67

U S S E	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)

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: Mike Wagenknecht Telephone: _____ Extension: _____

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U S P S E M P L O N E S	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).	USPS Employee's Signature	Date Mailer Notified By (Initials)	
		Print USPS Employee's Name		