

United States Postal Service
Postage Statement – Standard Mail

USPS Only **Note Mail Arrival Date & Time**
MAY 24 '08 AM 11:21

MAILER

MAILING

POSTAGE

CERTIFICATION

USPS USE ONLY

Permit Holder's Name and Address and Email Address If Any World Marketing - Los Angeles 14407 Alondra Blvd. La Mirada, CA 90638	Telephone (714) 994-6245	Name and Address of Mailing Agent (if other than permit holder) World Marketing Inc 14407 Alondra Blvd La Mirada, CA 90638	Telephone (714) 994-6245	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) Jenlax Parterns 1954 W. Carson St. # 8 Torrance, CA 90501
CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

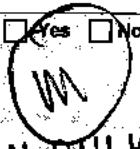


Post Office of Mailing La Mirada CA 90638	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as NFM's <input type="checkbox"/> ECR Letters - Paid as ECR Flats	Mailing Date 5/23/2008	Federal Agency Cost Code	Statement Seq. No. 11,088	Number of Containers Sacks 302 1 ft. Letter Trays 510 2 ft. Letter Trays EMM Letter Tray Flat Trays 26 Pallets Other
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Weight of a Single Piece 0.0141 lbs		Total Pieces 548,000	
Permit # 20*118	For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post		<input type="checkbox"/> Periodicals	Total Weight 7,726.8000 lb	
For Automation Rate Pieces, Enter Date of Address Matching and Coding 5/13/2008	For Enhanced Carrier Route Rate Pieces, Enter Date of Address Matching and Coding 5/13/2008			For Enhanced Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing 5/13/2008	
Move Update method: <input type="checkbox"/> Ancillary service endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternative method <input type="checkbox"/> Multiple					
Receipt Number 0000173675	Reference Number 54257	Mailer's Department/Job No.	Description of Mail GOTV Card Slate-546m Simp		

Parts Completed (select all that apply)	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S
Total Postage (Add Section Totals)	\$100,569.3900
Rate at Which Postage Affixed <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	_____ pcs. x \$ _____ = Postage Affixed
Net Postage Due (Subtract postage affixed from total postage)	\$100,569.39
For USPS Use Only: 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 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: Deida Name of Mailer or Agent: **Laura Alvarado** Telephone: **(714) 994-6245**

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

Weight of a Single Piece 0 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state 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 rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).		
Date Mailer Notified	Contact	By (Initials)
Verifying Employee's Signature <u>Crystal Allston</u>	Verifying Employee's Name Crystal Allston	Time AM PM