

United States Postal Service
Postage Statement – Standard Mail

USPS Only
Note Mail Arrival Date & Time
 OCT 9 '08 AM 10:56

MAILER	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 Partners Inc. 1954 W. Carson St. # B Torrance, CA 90501
	CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

MAILING	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 NFMs <input type="checkbox"/> ECR Letters - Paid as ECR Flats	Mailing Date 10/09/2008	Federal Agency Cost Code	Statement Seq. No. 11,983	Number of Containers Sacks 2791 ft. Letter Trays 3 2 ft. Letter Trays 1,364 EMM Letter Tray Flat Trays 24 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 0.0150 lbs	Total Pieces 1,700,161	Total Weight 25,502.4150 lb		

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 25,502.4150 lb
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For Automation Rate Pieces, Enter Date of Address Matching and Coding //	For Enhanced Carrier Route Rate Pieces, Enter Date of Address Matching and Coding //	For Enhanced Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing //
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Move Update method: <input type="checkbox"/> Ancillary service endorsement <input type="checkbox"/> FASTforward <input type="checkbox"/> NCOA ^{Link} <input type="checkbox"/> ACS <input type="checkbox"/> Alternative method <input type="checkbox"/> Multiple	Receipt Number 0000178057	Reference Number 900	Mailer's Department/Job No. 62525	Description of Mail Calif. Voter Guide AV1
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Parts Completed (select all that apply) A B C D E F G H I J K L S

Total Postage (Add Section Totals)	\$311,345.0920
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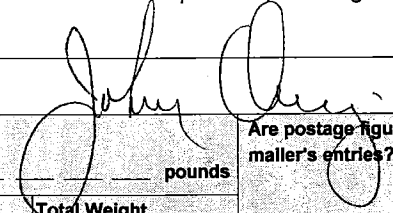
Rate at Which Postage Affixed <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ _____ = Postage Affixed
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Net Postage Due (Subtract postage affixed from total postage)	\$311,345.09
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For USPS Use Only: Additional Postage Payment (State reason)	Total Adjusted Postage Affixed
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For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Permit Imprint
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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 	Name of Mailer or Agent John D. Campbell	Telephone (714) 994-6245
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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
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Total Pieces	Total Weight	NOT WEIGHED IN BULK MAILED UNDER D.M.M.
Total Postage		

Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No	ROUND STAMP (Required) 
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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)
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Verifying Employee's Signature 	Verifying Employee's Name J. Campbell	Time AM
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