

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

USPS Only Note Mail Arrival Date & Time

Mailing	Permit Holder's Name and Address and Email Address If Any <b>World Marketing - Los Angeles 14407 Alondra Blvd. La Mirada, CA 90638</b>		Telephone <b>(714) 994-6245</b>	Name and Address of Mailing Agent (if other than permit holder) <b>World Marketing Inc 14407 Alondra Blvd La Mirada, CA 90638</b>	Telephone <b>(714) 994-6245</b>	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) <b>Jenlax Parterns 1954 W. Carson St. # 8  Torrance, CA 90501</b>
	CAPS Cust. Ref. No. Customer No.		Customer No.	Customer No.	Customer No.	Customer No.
Mailing	Post Office of Mailing <b>La Mirada CA 90638</b>	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 <b>1/28/2008</b>	Federal Agency Cost Code	Statement Seq. No. <b>10,279</b>	Number of Containers Sacks <b>760</b> 1 ft. Letter Trays 2 ft. Letter Trays <b>398</b> EMM Letter Tray Flat Trays <b>38</b> 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 <b>0.0094 lbs</b>	Total Pieces <b>1,074,775</b>	Total Weight <b>10,102.8850 lb</b>		
	Permit # <b>20*118</b>	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			
For Automation Rate Pieces, Enter Date of Address Matching and Coding <b>//</b>		For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding <b>//</b>		For Enhanced Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing <b>//</b>		
Receipt Number	Reference Number	Mailer's Department/Job No. <b>48278</b>	Description of Mail <b>Republican Slate-Postcard</b>			

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	
<b>Total Postage (Add Section Totals)</b>		<b>\$189,597.3600</b>
Rate at Which Postage Affixed <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ _____ = <b>Postage Affixed</b>	
<b>Net Postage Due (Subtract postage affixed from total postage)</b>		<b>\$189,597.36</b>
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		<b>Total Adjusted Postage Affixed</b>
Postmaster: Report Total Postage in (Permit Imprint Only)	<b>AIC 130</b>	<b>Total Adjusted Postage Permit Imprint</b>

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.

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Signature of Mailer or Agent <i>J. Castro</i>	Name of Mailer or Agent <b>TRINH CASTRO</b>	Telephone <b>(714) 994-6245</b>
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Weight of a Single Piece <b>0</b> pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total Pieces	Total Weight	
Total Postage		
Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input checked="" 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 <i>J. Campbell</i>	Verifying Employee's Name <b>J. Campbell</b>	Time AM PM