



**Postage Statement — First-Class Mail — Easy  
Nonautomation Letters, Cards, or Flats — Permit Imprint**

This form may be used only for a single nonautomation rate mailing of identical-weight pieces paid with permit imprint. All other mailings must use the appropriate version of Form 3600. Checklists and other tools for mailers are available on the Postal Explorer Web site at <http://pe.usps.gov> (click on "Business Mail 101").

<b>General Information</b>	Permit Holder's Name and Address, and Email Address If Any	Telephone	Permit No.	Federal Agency Cost Code	Weight of a Single Piece 0 . _____ pound
			Mailing Date	Statement Seq. No.	Number of Containers
			Post Office of Mailing		
			Processing Category (DMM C050) <input type="checkbox"/> Letters (Including card rate) <input type="checkbox"/> Flats		Total Pieces

Category		Presort Level	Rate	Number of Pieces	Totals
Letters or Flats (DMM C050)	Postage	C1. Presorted		x	
		C2. Single-Piece		x	
	Nonmachinable Surcharge (For pieces 1 oz. or less)	C3. Presorted	.055	x	
		C4. Single-Piece	.120	x	
Cards Eligible for Card Rates (DMM C100)	Postage	D6. Presorted	.212	x	
		D7. Single-Piece	.230	x	
Postmaster: Report total postage in AIC 121.				<b>Total Postage (Add lines above) → \$</b>	
For USPS Use Only: Additional Postage Payment (State reason)					
Postmaster: Report total adjusted postage in AIC 121.				<b>Total Adjusted Postage (Add additional postage to total postage) →</b>	

**Certification**

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	Telephone
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<b>USPS Use Only</b>	Weight of a Single Piece 0 . _____ pound	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Total Pieces	Total Weight	If "Yes," Reason		
	Total Postage				
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		Date Mailer Notified	Contact	By (Initials)
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).					
Verifying Employee's Signature	Verifying Employee's Name	Time	AM PM		