

United States Postal Service
Postage Statement — Bound Printed Matter Flats
Postage Affixed

Post Office: Note Mail Arrival Time

For flats mailed at destination entry rates, use Form 3605-DFP. For parcels, use Form 3605-BPP or Form 3605-DPP.

| | | | | | |
|---------------------------|--|-----------|---|-----------|--|
| Mailer Information | Permit Holder's Name and Address, and Email Address If Any | Telephone | Name and Address of Mailing Agent (If other than permit holder) | Telephone | Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) |
| | Dun & Bradstreet No. _____ | | Dun & Bradstreet No. _____ | | Dun & Bradstreet No. _____ |

| | | | | | | |
|----------------------------|--|--|---|--------------------|----------------------|--|
| Mailing Information | Post Office of Mailing | Processing Category <input type="checkbox"/> Flats (DMM C050) <input type="checkbox"/> Barcoded Flats (DMM C820) | Mailing Date | Statement Seq. No. | Number of Containers | |
| | Permit No. | | Weight of a Single Piece _____ pounds | Total Pieces | | |
| | Packaging Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> Weight <input type="checkbox"/> Both | | If Sacked, Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> 20 lbs. | | Total Weight | |
| | For Barcoded Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____/____/____ | | For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____/____/____ | | | |

| | | |
|---------------------------------------|--|---------------------------------|
| Postage Computation (DMM P013) | For Single-Piece Barcoded Flats | Total From Part A (On reverse) |
| | For Single-Piece Nonbarcoded Flats | Total From Part B (On reverse) |
| | For Presorted Barcoded Flats | Total From Part C (On reverse) |
| | For Presorted Nonbarcoded Flats | Total From Part D (On reverse) |
| | For Carrier Route Flats | Total From Part E (On reverse) |
| | For Special Services and Other Fees | Total From Attached Form 3540-S |
| | Total Postage (Add lines above) → | |

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 |
|------------------------------|-------------------------|-----------|

| | | | | |
|--------------------------------|---|--|------------------------|--|
| USPS Use Only | Weight of a Single Piece _____ pounds | 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 <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled | | Round Stamp (Required) | |
| | 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 Mailed Notified | Contact | | |
| Verifying Employee's Signature | Verifying Employee's Name | Time | AM PM | |

Bound Printed Matter Flats — Postage Affixed

As described in DMM P013.9.0, compute and enter the rate for each piece in the "Rate Per Piece" column. If eligible, include the \$.030 barcoded discount in rates.

| | | Rate | Number of Pieces | Total | | Rate | Number of Pieces | Total | |
|--|---|---------------|------------------|----------|--|--------------------------------------|------------------|-----------------|----------|
| A | Single-Piece — Barcoded Flats | | | | D | Presorted — Nonbarcoded Flats | | | |
| | A1. Zone 1 & 2 | _____ x _____ | pcs. = \$ _____ | | | D1. Zone 1 & 2 | _____ x _____ | pcs. = \$ _____ | |
| | A2. Zone 3 | _____ x _____ | pcs. = \$ _____ | | | D2. Zone 3 | _____ x _____ | pcs. = \$ _____ | |
| | A3. Zone 4 | _____ x _____ | pcs. = \$ _____ | | | D3. Zone 4 | _____ x _____ | pcs. = \$ _____ | |
| | A4. Zone 5 | _____ x _____ | pcs. = \$ _____ | | | D4. Zone 5 | _____ x _____ | pcs. = \$ _____ | |
| | A5. Zone 6 | _____ x _____ | pcs. = \$ _____ | | | D5. Zone 6 | _____ x _____ | pcs. = \$ _____ | |
| | A6. Zone 7 | _____ x _____ | pcs. = \$ _____ | | | D6. Zone 7 | _____ x _____ | pcs. = \$ _____ | |
| | A7. Zone 8 | _____ x _____ | pcs. = \$ _____ | | | D7. Zone 8 | _____ x _____ | pcs. = \$ _____ | |
| Total — Part A (Carry to front of form) | | | | \$ _____ | Total — Part D (Carry to front of form) | | | | \$ _____ |
| B | Single-Piece — Nonbarcoded Flats | | | | E | Carrier Route — Flats | | | |
| | B1. Zone 1 & 2 | _____ x _____ | pcs. = \$ _____ | | | E1. Zone 1 & 2 | _____ x _____ | pcs. = \$ _____ | |
| | B2. Zone 3 | _____ x _____ | pcs. = \$ _____ | | | E2. Zone 3 | _____ x _____ | pcs. = \$ _____ | |
| | B3. Zone 4 | _____ x _____ | pcs. = \$ _____ | | | E3. Zone 4 | _____ x _____ | pcs. = \$ _____ | |
| | B4. Zone 5 | _____ x _____ | pcs. = \$ _____ | | | E4. Zone 5 | _____ x _____ | pcs. = \$ _____ | |
| | B5. Zone 6 | _____ x _____ | pcs. = \$ _____ | | | E5. Zone 6 | _____ x _____ | pcs. = \$ _____ | |
| | B6. Zone 7 | _____ x _____ | pcs. = \$ _____ | | | E6. Zone 7 | _____ x _____ | pcs. = \$ _____ | |
| | B7. Zone 8 | _____ x _____ | pcs. = \$ _____ | | | E7. Zone 8 | _____ x _____ | pcs. = \$ _____ | |
| Total — Part B (Carry to front of form) | | | | \$ _____ | Total — Part E (Carry to front of form) | | | | \$ _____ |
| C | Presorted — Barcoded Flats | | | | | | | | |
| | C1. Zone 1 & 2 | _____ x _____ | pcs. = \$ _____ | | | | | | |
| | C2. Zone 3 | _____ x _____ | pcs. = \$ _____ | | | | | | |
| | C3. Zone 4 | _____ x _____ | pcs. = \$ _____ | | | | | | |
| | C4. Zone 5 | _____ x _____ | pcs. = \$ _____ | | | | | | |
| | C5. Zone 6 | _____ x _____ | pcs. = \$ _____ | | | | | | |
| | C6. Zone 7 | _____ x _____ | pcs. = \$ _____ | | | | | | |
| | C7. Zone 8 | _____ x _____ | pcs. = \$ _____ | | | | | | |
| Total — Part C (Carry to front of form) | | | | \$ _____ | | | | | |