

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

Post Office: Note Mail Arrival Date & Time

This form may be used only for a single nonautomation rate mailing of identical-weight pieces. Use PS Form 3600-R for all other First-Class Mail mailings. Checklists and other tools for mailers are available on the Postal Explorer website at pe.usps.com.

Mailer	Permit Holder's Name and Address and Email Address, if Any Technical Video Rental Inc. DBA SmartFlix.com 7 Central St #140 Arlington MA tjc_usps@smartflix.com Customer No. _____	Telephone 781-316-2739	Mailing	Post Office of Mailing Arlington Center, MA	Permit No. PI-789	Weight of a Single Piece 0. _____ pound
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Fed. Agency Code		Number and Type of Containers		
	Mailing Date	Statement Seq. No.				
	Processing Category <input type="checkbox"/> Letters (including card rate) <input checked="" type="checkbox"/> Flats	Total Pieces		Total Weight		

Category		Presort Level	Rate	Number of Pieces	Total
Postage	Cards Eligible for Card Rates	Postage	B1. Presorted	.241 x	
			B2. Single Piece	.260 x	
	Letters	Postage	B3. Presorted	x	
			B4. Single Piece	x	
	Flats	Postage	B5. Presorted	x	
			B6. Single Piece	x	
Total Postage (Add parts totals)					
Rate at Which Postage Affixed (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input checked="" type="checkbox"/> Neither _____ pcs. x \$ _____ = Postage Affixed					0.00
Net Postage Due (Subtract postage affixed from total postage)					
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 121					
Total Adjusted Postage Permit Imprint					

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 supporting documentation comply with all postal standards and 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. Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

 Printed Name of Mailer or Agent Signing Form: **Travis Corcoran**
 Telephone: **781-316-2739**

USPS Use Only	Weight of a Single Piece 0. _____ pound	Are postage figures at left adjusted from mailer's entries? If yes, 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	Date Mailer Notified	Contact	By (Initials)	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 required annual fee.				
	Verifying Employee's Signature	Print Verifying Employee's Name	Time AM PM		