

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

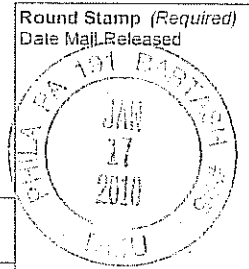
Permit Holder's Name and Address and Telephone	Telephone	Name and Address of	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder)
				Media Explosion Inc

CAPS Cust. Ref. No. Customer No.	Customer No. <b>1-17-10</b>	Customer No.			
Post Office of Mailing <b>Philadelphia PA 19143</b>	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Mailable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date <b>1/19/2010</b>	Federal Agency Cost Code	Statement Seq. No. 000001551	No. & Type of Containers _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays <u>1</u> EMM Letter Trays _____ Flat Trays _____ 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>0.1500 pounds</b>	Total Pieces <b>1265</b>	Total Weight <b>197.2460</b>		
Permit # <b>6438</b>	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	If Sacked, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs <input type="checkbox"/> both	Total Weight <b>197.2460</b>		
For Automation Rate Pieces, Enter Date of Address Matching and Coding <b>1/1</b>	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding <b>12/05/2009</b>	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing <b>12/05/2009</b>	For pieces bearing a simplified address enter date of delivery statistics file or alternative method <b>1/1</b>		
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> INCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format					
Receipt Number <b>6438-782</b>	Reference Number <b>Big Cannon Book</b>	Mailer's Department/Job No.	Description of Mail <b>Big Cannon Book</b>	Entry Point <b>DDU LANSDALE PA 19446</b>	

Parts Completed (select all that apply)	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S
Total Postage (Add parts totals)	<b>201.14</b> <b>\$522.95</b>
Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	Postage Affixed pcs. x \$ =
<b>Net Postage Due (Subtract postage affixed from total postage)</b>	
Additional Postage Payment (State reason)	
For postage affixed add additional payments 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.		
Privacy Notice: For information regarding our Privacy Policy visit <a href="http://www.usps.com">www.usps.com</a>		
Signature of Mailer or Agent <b>MB</b>	Printed Name of Mailer or Agent Signing Form <b>Michele Brown</b>	Telephone <b>(215) 724-1700</b>

Weight of a Single Piece <b>0.1564</b> pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <b>changes to count made before presenting mail.</b>
Total Pieces <b>1265</b>	Total Weight <b>197.2460</b>
Total Postage <b>201.14</b>	
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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
Date Mailer Notified	Contact
USPS Employee's Signature <b>Kelly</b>	Print USPS Employee's Name <b>Kelly</b>
By (Initials)	Time AM PM



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

Receipt Number: 6438-782 Entry Point: DDU LANSDALE PA 19446

**Part I**  
 Carrier Route Flats

Check box at left if prices are populated in this section.

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces	Total
110	DDU Saturation *	0.1420	X	3,289	467.0380
113	Detached Address Labels	0.0170	X	3,289	55.9130
				<b>Part I Total</b>	<b>522.9510</b>

1,265

R.J.

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

# Postage Statement - Standard Mail

Post Office: Note Mail Arrival Date & Time (Do Not Round-Stamp)

Permit Holder's Name and Address and Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder)
	Media Explosion Inc

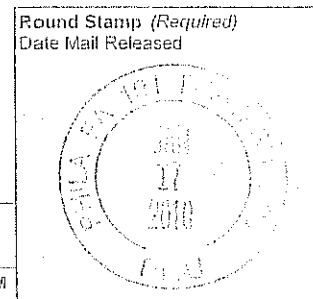
CAPS Cust. Ref. No. Customer No.	Customer No.	Customer No.
Post Office of Mailing: Philadelphia PA 19143	Processing Category: <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM	Mailing Date: 1/19/2010
Type of Postage: <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Federal Agency Cost Code
Permit #: 6438	For Mail Enclosed Within Another Class: <input type="checkbox"/> Periodicals <input type="checkbox"/> If Sacked, Based On: <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs <input type="checkbox"/> both	Statement Seq. No.: 000001551
For Automation Rate Pieces, Enter Date of Address Matching and Coding: 1/11	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding: 12/05/2009	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing: 12/05/2009
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> INCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	For pieces bearing a simplified address enter date of delivery statistics file or alternative method: 1/11	No. & Type of Containers: 1 EMM Letter Trays
Receipt Number: 6438-782	Reference Number: Bin Coupon Book	Entry Point: DDU LANSDALE PA 19446

Parts Completed (select all that apply): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S	Total Postage (Add parts totals): \$522.95
Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	Net Postage Due (Subtract postage affixed from total postage)
Additional Postage Payment (State reason):	Total Adjusted Postage Affixed
Postmaster: Report Total Postage in (Permit Imprint Only): AIC 130	Total Adjusted Postage Permit Imprint

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: *Michele Brown* Printed Name of Mailer or Agent Signing Form: Michele Brown Telephone: (215) 724-1700

Weight of a Single Piece: 0.606 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>count changes made before presenting mail.</i>
Total Pieces: 2024	Total Weight: 122.6544
Total Postage: 321.82	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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	Date Mailer Notified: _____ Contact: _____ By (Initials): _____
USPS Employee's Signature: <i>Kelly</i>	Print USPS Employee's Name: Kelly Time: AM/PM



Receipt Number: 6438-782 Entry Point: DDU LANSDALE PA 19446

Part I  
 Carrier Route Flats

Check box at left if prices are populated in this section.

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces	Total
110	DDU Saturation *	0.1420	X	3,289	467.0380
113	Detached Address Labels	0.0170	X	3,289	55.9130
				<b>Part I Total</b>	<b>522.9510</b>

2,024

R.T.

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized: Pallets: Total Trays: Total Sacks:

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

Post Office: (Note Mail Arrival Date & Time  
 (Do Not Round-Stamp))

Permit Holder's Name and Address and Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder)
<i>[Redacted]</i>	Media Explosion Inc
CAPS Cust. Ref. No. Customer No.	Customer No.

Post Office of Mailing: Philadelphia PA 19143	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> HFM <input type="checkbox"/> Parcels - Machineable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as International Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date: <u>1/19/2010</u>	Federal Agency Cost Code	Statement Seq. No.: 0000001255	No. & Type of Containers _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays <u>1</u> EMM Letter Trays _____ Flat Trays _____ Pallets _____ APC Other
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece: <u>1.17-10</u> 0.1500 pounds	Total Pieces: <u>3106</u>	Total Weight: <u>360.97</u> (3,629)		
Permit #: 6438	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	If Sacked, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs <input type="checkbox"/> both			
For Automation Rate Pieces, Enter Date of Address Matching and Coding: <u>1/1</u>	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding: <u>12/05/2009</u>	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing: <u>12/05/2009</u>	For pieces bearing a simplified address enter date of delivery statistics file or alternative method: <u>1/1</u>		
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FAST Forward <input checked="" type="checkbox"/> INCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format					
Receipt Number: 6438-564	Reference Number: Maller's Department/Job No. <u>Big Coupon Book</u>	Description of Mail: <u>Big Coupon Book</u>	Entry Point: <u>DDU NORTH WALES PA 19454</u>		

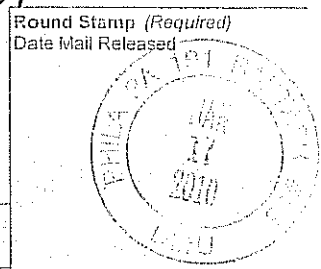
Parts Completed (select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S	Total Postage (Add parts totals) <u>493.85</u> (\$577.01)
Price at Which Postage Affixed (Check One) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	Total Adjusted Postage Affixed
Additional Postage Payment (State reason)	Total Adjusted Postage Permit Imprint
Postmaster: Report Total Postage in (Permit Imprint Only) <u>AIC 130</u>	

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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent: *[Signature]* Printed Name of Mailer or Agent Signing Form: Michele Brown Telephone: (215) 724-1700

Weight of a Single Piece: <u>1.162</u> pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>changes to count made prior to presenting mail.</u>
Total Pieces: <u>3106</u>	Total Weight: <u>360.972</u>
Total Postage: <u>493.85</u>	
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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature: <i>[Signature]</i>	Print USPS Employee's Name: <u>Kelly</u> Time: AM/PM



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

Receipt Number: 6438-564 Entry Point: DDU NORTH WALES PA 19454

**Part I**  
 Carrier Route Flats

Check box at left if prices are populated in this section.

Flats 3.3 oz. (0.2063 lbs.) or less		Price	No. of Pieces	Total
Entry	Price Category			
110 DDU	Saturation *	0.1420 X	3,629 =	515.3180
113	Detached Address Labels	0.0170 X	3,629 =	61.6930
			<b>R.J. Part I-Total</b>	<b>577.0110</b>

Containers	1ft MM Trays	2ft MM Trays	2ft EMM Trays	Sacks	Other
Non-Palletized:					
Palletized:	Pallets:	Total Trays:	Total Sacks:		

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Mailer	Permit Holder's Name and Address and Email Address, if Any	Telephone	Name and Address of Mailing Agent, if other	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder)
					Media Explosion Inc
	CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

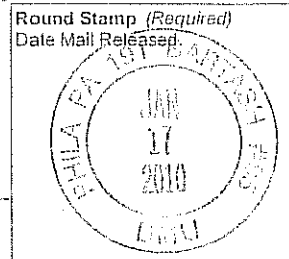
Mailing	Post Office of Mailing Philadelphia PA 19143	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machineable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date 1/19/2010	Federal Agency Cost Code	Statement Seq. No. 000001255	No. & Type of Containers Sacks 1 ft. Letter Trays 2 ft. Letter Trays EMM Letter Trays Flat Trays Pallets APC Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 1-17-10 0.1500 pounds 0608	Total Pieces 523	Total Weight 31.7984 R.J.		
Permit # 6438	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	Periodicals <input type="checkbox"/>	If Sacked, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> 100 lbs.	Total Weight 31.7984 44.3500		
For Automation Rate Pieces, Enter Date of Address Matching and Coding 1/1	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding 12/05/2009	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding 12/05/2009	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding 12/05/2009	For pieces bearing a simplified address enter date of delivery statistics file or alternative method 1/1		
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format						
Receipt Number 6438-564	Reference Number	Mailer's Department/Job No. Bio Coupon Book	Description of Mail Bio Coupon Book	Entry Point DDU NORTH WALES PA 19454		

Postage	Parts Completed (select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S	Total Postage (Add parts totals) \$577.01
	Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input checked="" type="checkbox"/> Neither	pcs. \$ = Postage Affixed
	Net Postage Due (Subtract postage affixed from total postage)	

USPS Use	Additional Postage Payment (State reason)	Total Adjusted Postage Affixed
	For postage affixed add additional payments to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Permit Imprint 83.16
	Postmaster: Report Total Postage in (Permit Imprint Only) AIC 130	

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.	
	Privacy Notice: For information regarding our Privacy Policy visit <a href="http://www.usps.com">www.usps.com</a>	
	Signature of Mailer or Agent <i>MB</i>	Printed Name of Mailer or Agent Signing Form Michele Brown

USPS Use Only	Weight of a Single Piece 0608 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No changes made to count prior to presenting mail.
	Total Pieces 523	Total Weight 31.7984
	Total Postage 83.16	
	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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature <i>Kelly</i>	Print USPS Employee's Name Kelly	Time AM PM



Postage Statement - Standard Mail

Receipt Number: 6438-564 Entry Point: DDU NORTH WALES PA 19454

**Part I**  
 Carrier Route Flats

Check box at left if prices are populated in this section.

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces	Total
I10	DDU Saturation *	0.1420	X	3,629	515.3180
I13	Detached Address Labels	0.0170	X	3,629	61.6930
				<b>Part I Total</b>	<b>577.0110</b>

*Handwritten: 523*  
*Handwritten: R.J.*

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Permit Holder Name and Address and Telephone	Name and Address of Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (other than permit holder)
[Redacted]		Media Explosion Inc

CAPS Cust. Ref. No. Customer No.	Customer No.	Customer No.
Post Office of Mailing: Philadelphia PA 19143	Processing Category: <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machineable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date: 1/19/2010 Federal Agency Cost Code Statement Seq. No.: 0000001814 No. & Type of Containers: _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays <u>1</u> EMM Letter Trays _____ Flat Trays _____ Pallets APC Other
Type of Postage: <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece: 0.1500 pounds	Total Pieces: 1,150
Permit #: 6438	For Mail Enclosed Within Another Class: <input type="checkbox"/> Periodicals <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	Total Weight: 172.5000 lb
For Automation Rate Pieces, Enter Date of Address Matching and Coding: //	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding: 12/05/2009	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing: 12/05/2009
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> INCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	For pieces bearing a simplified address enter date of delivery statistics file or alternative method: //	
Receipt Number: 6438-899	Reference Number: Big Coupon Book	Description of Mail: Big Coupon Book Entry Point: DDU BLUE BELL PA 19422

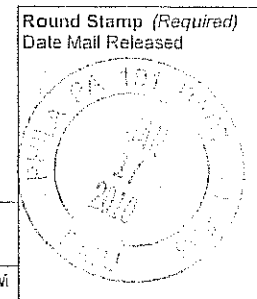
Parts Completed (select all that apply): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S	Total Postage (Add parts totals): \$182.85
Price at Which Postage Affixed (Check One): <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	Net Postage Due (Subtract postage affixed from total postage)
Additional Postage Payment (State reason):	Total Adjusted Postage Affixed
For postage affixed add additional payments to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Permit Imprint
Postmaster: Report Total Postage in (Permit Imprint Only): AIC 130	

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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent: [Signature]	Printed Name of Mailer or Agent Signing Form: Michele Brown	Telephone: (215) 724-1700
---	---	---------------------------

Weight of a Single Piece: 0.608 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces: 1,150 Total Weight: 69.92 Total Postage: 182.85	
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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature: [Signature]	Date Mailed: _____
Print USPS Employee's Name: Michele Brown	Contact: _____
Time: _____ AM/PM	By (Initials): _____



# Postage Statement -- Standard Mail

Receipt Number: 6438-899 Entry Point: DDU BLUE BELL PA 19422

**Part I**  
 Carrier Route Flats

*Check box at left if prices are populated in this section.*

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces	=	Total
I10	DDU Saturation *	0.1420	X	1,150	=	163.3000
I13	Detached Address Labels	0.0170	X	1,150	=	19.5500
<b>Part I Total</b>						<b>182.8500</b>

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Permit Holder's Name and Address and Telephone		Name and Address of Telephone		Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder)
CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

Post Office of Mailing Philadelphia PA 19143	Processing Category <input type="checkbox"/> Letters <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Parcels - Mailable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date 1/19/2010	Federal Agency Cost Code	Statement Seq. No. 000001583	No. & Type of Containers _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays _____ EMM Letter Trays _____ Flat Trays _____ Pallets
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.1500 pounds	Total Pieces 4,653	Total Weight 697.9500 lb		
Permit # 6438	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	Periodicals <input type="checkbox"/>	If Sacked, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both	APC Other	
For Automation Rate Pieces, Enter Date of Address Matching and Coding 1/1	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding 12/05/2009	For Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing 12/05/2009	For pieces bearing a simplified address enter date of delivery statistics file or alternative method 1/1		
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FAST Forward <input checked="" type="checkbox"/> INCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format					
Receipt Number 6438-798	Reference Number Maller's Department/Job No. Big Coupon Book	Description of Mail Big Coupon Book	Entry Point DDU HORSHAM PA 19044		

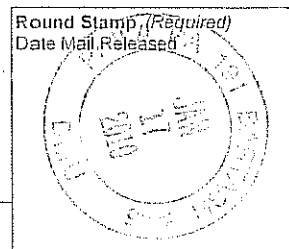
Parts Completed (select all that apply)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S
Total Postage (Add parts totals)	\$660.73
Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	= Postage Affixed
Net Postage Due (Subtract postage affixed from total postage)	
Additional Postage Payment (State reason)	
For postage affixed add additional payments 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 130	Total Adjusted Postage Permit Imprint

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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent <i>MB</i>	Printed Name of Mailer or Agent Signing Form Michele Brown	Telephone (215) 724-1700
---	---	-----------------------------

Weight of a Single Piece 0.0896 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces 4,653	Total Weight 416.9088
Total Postage 660.73	
Presort Verification Performed? (Check One) <input checked="" type="checkbox"/> Yes <input 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; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature <i>Healy</i>	Print USPS Employee's Name Healy
Date Maller Notified	Contact
By (Initials)	Time AM PM



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

Attachment Page: 2  
 Date: 1/19/2010  
 Big Coupon Book Control No.: 1583

Receipt Number: 6438-796 Entry Point: DDU HORSHAM PA 19044

**Part I**  
 Carrier Route Flats

*Check box at left if prices are populated in this section.*

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces		Total
I10	DDU	Saturation *	0.1420	X	4,653	= 660.7260
<b>Part I Total</b>						<b>660.7260</b>

1 inserts

Containers: 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

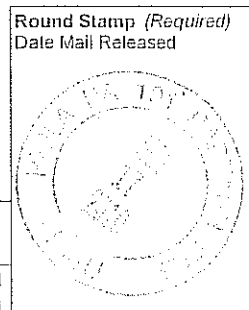
Mailing	Permit Holder's Name and Address and Telephone	Name and Address of Mailing Agent, if other	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder)
	[Redacted]			Media Explosion Inc
CAPS Cust. Ret. No. Customer No.		Customer No.		Customer No.

Mailing	Post Office of Mailing: Philadelphia PA 19143	Processing Category: <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Mailable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date: 1/19/2010	Federal Agency Cost Code	Statement Seq. No.: 0000001257	No. & Type of Containers: _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays <u>2</u> EMM Letter Trays _____ Flat Trays _____ Pallets APC Other
	Type of Postage: <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece: 1-17-10	Total Pieces: 4,564	Total Weight: 0.1500 pounds	Total Weight: 684.6000 lb	
Permit #: 6438	For Mail Enclosed Within Another Class: <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	If Sacked, Based On: <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs <input type="checkbox"/> both			
For Automation Rate Pieces, Enter Date of Address Matching and Coding: //	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding: 12/05/2009	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing: 12/05/2009	For pieces bearing a simplified address enter date of delivery statistics file or alternative method: //			
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> NICOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format						
Receipt Number: 6438-566	Reference Number	Mailer's Department/Job No.: Big Coupon Book	Description of Mail: Big Coupon Book	Entry Point: DDU WARRINGTON PA 18976		

Postage	Parts Completed (select all that apply): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S	Total Postage (Add parts totals): \$725.68
	Price at Which Postage Affixed (Check One): <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	Complete if the mailing includes pieces bearing metered or precanceled stamps. Net Postage Due (Subtract postage affixed from total postage): \$225.68
USPS Use Only	Additional Postage Payment (State reason):	Total Adjusted Postage Affixed
	For postage affixed add additional payments to net postage due; for permit imprint add additional payment to total postage. Postmaster: Report Total Postage in (Permit Imprint Only): AIC 130	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 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.	
	Privacy Notice: For information regarding our Privacy Policy visit <a href="http://www.usps.com">www.usps.com</a>	
Signature of Mailer or Agent: [Signature]	Printed Name of Mailer or Agent Signing Form: Michele Brown	Telephone: (215) 724-1700

USPS Use Only	Weight of a Single Piece: 0.612 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Total Pieces: 4564	Total Weight: 279.3168
	Total Postage: 725.68	
	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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).		Date Mailer Notified
USPS Employee's Signature: [Signature]	Print USPS Employee's Name: Kelly	By (Initials):
PS Form 3602-R January 2010 Facsimile		Time: AM PM



# Postage Statement – Standard Mail

Receipt Number: 6438-566 Entry Point: DDU WARRINGTON PA 18976

**Part I**  
 Carrier Route Flats

*Check box at left if prices are populated in this section.*

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces		Total
110	DDU Saturation *	0.1420	X	4,564	=	648.0880
113	Detached Address Labels	0.0170	X	4,564	=	77.5880
<b>Part I Total</b>						<b>725.6760</b>

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Permit Holder's Name and Address and Telephone	Name and Address of Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (Other than permit holder)
<div style="border: 2px solid red; padding: 5px;">                 [Redacted Mailing Information]             </div>		Media Explosion Inc

CAPS Cust. Ref. No. Customer No.	Customer No.	Customer No.
Post Office of Mailing: Philadelphia PA 19143	Processing Category: <input checked="" type="checkbox"/> Letters <input checked="" type="checkbox"/> Flats <input type="checkbox"/> CMM <input type="checkbox"/> NFM	Mailing Date: 1/19/2010
Type of Postage: <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece: 0.1624 pounds	Federal Agency Cost Code
Permit #: 6438	For Mail Enclosed Within Another Class: <input type="checkbox"/> Periodicals <input type="checkbox"/> If Sacked, Based On: <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> Both	Statement Seq. No.: 0000001579
For Automation Rate Pieces, Enter Date of Address Matching and Coding: 1/1	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding: 12/05/2009	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing: 12/05/2009
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 <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	Total Pieces: 2,705	
Receipt Number: 6438-794	Reference Number: Mailing's Department/Job No. Big Coupon Book	Description of Mail: Big Coupon Book

Parts Completed (select all that apply)  A  B  C  D  E  F  G  H  I  J  K  L  S

Total Postage (Add parts totals)	\$430.10
Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ = Postage Affixed
Net Postage Due (Subtract postage affixed from total postage)	

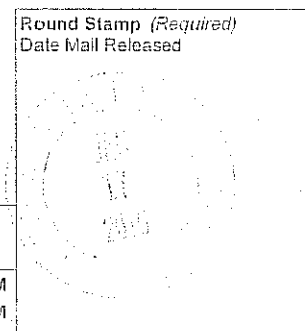
Additional Postage Payment (State reason)	
For postage affixed add additional payments to net postage due for permit imprint add additional payment to total postage.	
Postmaster: Report Total Postage in (Permit Imprint Only)	AIC 130
Total Adjusted Postage Affixed	
Total Adjusted Postage Permit Imprint	

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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form	Telephone
<i>MB</i>	Michele Brown	(215) 724-1700

Weight of a Single Piece: 0.1624 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces: 2705	Total Weight: 210
Total Postage: 430.10	
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; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature	Date Mailed Notified
PS Form 3602-R January 2010 Facsimile	Contact: [Signature]
	By (Initials):
	Time: AM PM



**Postage Statement – Standard Mail**

Receipt Number: 6438-794 Entry Point: DDU CHALFONT PA 18914

**Part I**  
 Carrier Route Flats

*Check box at left if prices are populated in this section.*

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces		Total
110 DDU	Saturation *	0.1420	X	2,705	=	384.1100
113	Detached Address Labels	0.0170	X	2,705	=	45.9850
<b>Part I Total</b>						<b>430.0950</b>

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Permit Holder's Name and Address and Telephone		Name and Address of Telephone		Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder)	
				Media Explosion Inc	

CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.	
Post Office of Mailing: Philadelphia PA 19143	Processing Category: <input type="checkbox"/> Letters <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Parcels - Mailable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date: 1/19/2010	Federal Agency Cost Code: 19002	Statement Seq. No.: 000001581	No. & Type of Containers: _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays _____ EMM Letter Trays _____ Flat Trays _____ Pallets APC Other
Type of Postage: <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece: 0.1500 pounds	Total Pieces: 3,839		Total Weight: 575.8500 lb	
Permit #: 6438	For Mail Enclosed Within Another Class: <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	Periodicals: <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both	If Sacked, Based On		
For Automation Rate Pieces, Enter Date of Address Matching and Coding: 1/12/2010	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding: 1/12/2010	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing: 1/12/2010	For pieces bearing a simplified address enter date of delivery statistics file or alternative method: 1/12/2010		
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> INCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format					
Receipt Number: 6438-796	Reference Number: Big Coupon Book	Mailer's Department/Job No.	Description of Mail: Big Coupon Book	Entry Point: DDU MAPLE GLEN PA 19002	

Parts Completed (select all that apply)  A  B  C  D  E  F  G  H  I  J  K  L  S

Total Postage (Add parts totals)	\$545.14
Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps: <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ = Postage Affixed
Net Postage Due (Subtract postage affixed from total postage)	

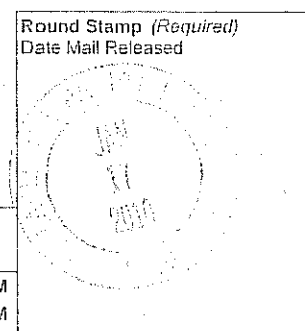
Additional Postage Payment (State reason)	
For postage affixed add additional payments to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Affixed
Postmaster: Report Total Postage in (Permit Imprint Only) AIC 130	Total Adjusted Postage Permit Imprint

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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent: <i>MRS</i>	Printed Name of Mailer or Agent Signing Form	Telephone: (215) 724-1700
--	--	---------------------------

Weight of a Single Piece: 0.0900 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces: 3839	Total Weight: 345
Total Postage: 545.14	
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; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature: <i>[Signature]</i>	Date Mailed: _____ Contact: _____ By (Initials): _____
Print USPS Employee's Name: <i>[Signature]</i>	Time: AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>



# Postage Statement - Standard Mail

Receipt Number: 6438-796 Entry Point: DDU MAPLE GLEN PA 19002

**Part I**  
 Carrier Route Flats

*Check box at left if prices are populated in this section.*

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price	No. of Pieces	Total
110 DDU	Saturation *	0.1420	X 3,839	= 545.1380
<b>Part I Total</b>				<b>545.1380</b>

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

# Postage Statement - Standard Mail

Post Office: Note Mail Arrival Date & Time  
(Do Not Round-Stamp)

Permit Holder's Name and Address and Telephone		Name and Address of Telephone		Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder)	
[Redacted]		[Redacted]		Media Explosion Inc	
CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.	

Post Office of Mailing Philadelphia PA 19143	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Mailable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date 1/19/2010	Federal Agency Cost Code	Statement Seq. No. 000001578	No. & Type of Containers Sacks 1 ft. Letter Trays 2 ft. Letter Trays EMM Letter Trays Flat Trays 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 0.1624 pounds	1-17-10	Total Pieces 3,071	Total Weight 498.7304 lb	APC
Permit # 6438	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	For Carrier Route Pieces, Enter Date of Address Matching and Coding 12/05/2009	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing 12/05/2009	For pieces bearing a simplified address enter date of delivery statistics file or alternative method 1/1	
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> INCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format	Receipt Number 6438-793	Reference Number Big Coupon Book	Mailer's Department/Job No. Big Coupon Book	Description of Mail Big Coupon Book	Entry Point DDU BRYN ATHYN PA 19006

Parts Completed (select all that apply)  A  B  C  D  E  F  G  H  I  J  K  L  S

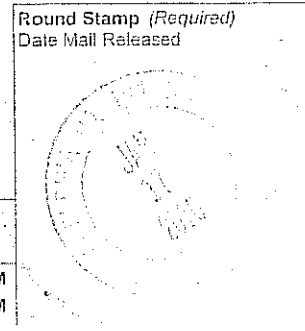
Total Postage (Add parts totals)	\$436.08
Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ = Postage Affixed
Net Postage Due (Subtract postage affixed from total postage)	
Additional Postage Payment (State reason)	
For postage affixed add additional payments 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)	Total Adjusted Postage Permit Imprint

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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent <i>MB</i>	Printed Name of Mailer or Agent Signing Form Michele Brown	Telephone (215) 724-1700
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Weight of a Single Piece 0.900 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces 3071	Total Weight 2776
Total Postage 436.08	
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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature <i>[Signature]</i>	Date Mailed Notified Contact By (Initials)
Print USPS Employee's Name <i>[Signature]</i>	Time AM PM



# Postage Statement - Standard Mail

Receipt Number: 6438-793 Entry Point: DDU BRYN ATHYN PA 19006

**Part I**  
 Carrier Route Flats

*Check box at left if prices are populated in this section.*

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price	No. of Pieces	Total
110 DDU	Saturation *	0.1420	X 3,071	= 436.0820
<b>Part I Total</b>				<b>436.0820</b>

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other  
 Non-Palletized:  
 Palletized: Pallets: Total Trays: Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Matter	Permit Holder's Name and Address and Email Address, if Any	Telephone	Name and Address of Mailing Agent, if other	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) <b>Media Explosion Inc</b>
	[Redacted]				
	Customer No.		Customer No.		Customer No.

Mailing	Post Office of Mailing Philadelphia PA 19143	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date <u>1/19/2010</u> Weight of a Single Piece 0.1500 pounds	Federal Agency Cost Code	Statement Seq. No. 000001261	No. & Types of Containers _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays <u>1</u> EMM Letter Trays _____ Flat Trays _____ Pallets _____ Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Permit # 6438	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	If Sacked, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs <input type="checkbox"/> both	Total Weight 45.4500 lb	Total Pieces 303
	For Automation Rate Pieces, Enter Date of Address Matching and Coding <u>1/1</u>	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding <u>1/12/2010</u>	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing <u>1/12/2010</u>	For pieces bearing a simplified address enter date of delivery statistics file or alternative method <u>1/1</u>		
	Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FAST/forward <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format					
	Receipt Number 6438-570	Reference Number	Mailer's Department/Job No. Bio Coupon Book	Description of Mail Bio Coupon Book	Entry Point DDU MONTGOMERYVILLE PA 18936	

Postage	Parts Completed (select all that apply)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S
	Total Postage (Add parts totals)	\$48.18
	Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ = Postage Affixed
	Net Postage Due (Subtract postage affixed from total postage)	

USPS Use	Additional Postage Payment (State reason)	
	For postage affixed add additional payments 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)	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 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.	
	Privacy Notice: For information regarding our Privacy Policy visit <a href="http://www.usps.com">www.usps.com</a>	
	Signature of Mailer or Agent 	Printed Name of Mailer or Agent Signing Form Michele Brown
		Telephone (215) 724-1700

USPS Use Only	Weight of a Single Piece <u>1/60</u> pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Total Pieces <u>303</u>	Total Weight <u>371</u>	
	Total Postage <u>45.18</u>		
	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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).		
	Date Mailer Notified	Contact	By (initials)
	USPS Employee's Signature 		Time AM PM

Round Stamp (Required)  
 Date Mail Released

# Postage Statement - Standard Mail

Big Coupon Book Date: 1/19/2010  
 Big Coupon Book Control No.: 1261

Receipt Number: 6438-570 Entry Point: DDU MONTGOMERYVILLE PA 18936

**Part I**  
 Carrier Route Flats

*Check box at left if prices are populated in this section.*

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces		Total
110 DDU	Saturation *	0.1420	X	303	=	43.0260
113	Detached Address Labels	0.0170	X	303	=	5.1510
<b>Part I Total</b>						<b>48.1770</b>

edible arrangements

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Permit Holder's Name and Address and Email Address, If Any	Telephone	Name and Address of Mailing Agent, if other	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder)
[Redacted]				Media Explosion Inc
CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

Post Office of Mailing Philadelphia PA 19143	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM	Mailing Date 1/19/2010	Federal Agency Cost Code	Statement Seq. No. 000001256	No. & Type of Containers Sacks 1 ft. Letter Trays 2 ft. Letter Trays EMM Letter Trays Flat Trays Pallets Other
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	<input type="checkbox"/> Parcels - Mailable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Weight of a Single Piece 1-17-10		Total Pieces 2,302	
Permit # 6438	For Mail Enclosed Within Another Class <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	If Sacked, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs <input type="checkbox"/> both	Total Weight 345.3000 lb	
For Automation Rate Pieces, Enter Date of Address Matching and Coding 1/1	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding 12/05/2009	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing 12/05/2009	For pieces bearing a simplified address enter date of delivery statistics file or alternative method 1/1		
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> INCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format					
Receipt Number 6438-565	Reference Number	Mailer's Department/Job No. Bio Coupon Book	Description of Mail Bio Coupon Book	Entry Point DDU HATBORO PA 19040	

Parts Completed (select all that apply)  A  B  C  D  E  F  G  H  I  J  K  L  S

Total Postage (Add parts totals)	\$326.88
Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ = Postage Affixed
Net Postage Due (Subtract postage affixed from total postage)	
Additional Postage Payment (State reason)	
For postage affixed add additional payments 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 130	Total Adjusted Postage Permit Imprint

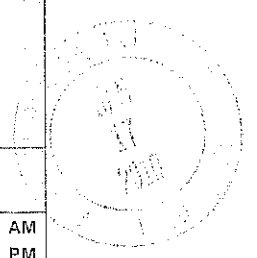
The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification 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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent <i>Michele Brown</i>	Printed Name of Mailer or Agent Signing Form Michele Brown	Telephone (215) 724-1700
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Weight of a Single Piece 0900 pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces 2302	Total Weight 207
Total Postage 326.88	
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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature <i>[Signature]</i>	Print USPS Employee's Name D. O. [Signature]
Date Mailer Notified	Contact By (Initials)
Time AM PM	

Round Stamp (Required)  
Date Mail Released



# Postage Statement - Standard Mail

Receipt Number: 6438-565 Entry Point: DDU HATBORO PA 19040

*Check box at left if prices are populated in this section.*

**Part I**  
 Carrier Route Flats

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price	No. of Pieces	Total
110 DDU	Saturation *	0.1420	X 2,302	= 326.8840
<b>Part I Total</b>				<b>326.8840</b>

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Mailer	Permit Holder's Name and Address and Email Address, if Any	Telephone (215) 724-1700	Name and Address of Mailing Agent (if other)	Telephone (215) 724-1700	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) <b>Media Explosion Inc</b>

Customer No.	Customer No.	Customer No.	Customer No.
Post Office of Mailing Philadelphia PA 19143	Processing Category <input checked="" type="checkbox"/> Letters <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Parcels - Mailable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date <u>1/19/2010</u>	Federal Agency Cost Code
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Weight of a Single Piece <u>1-17-10</u>	Statement Seq. No. 000001794
Permit # 6438	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	0.1500 pounds	No. & Type of Containers Sacks 1 ft. Letter Trays 2 ft. Letter Trays <u>1</u> EMM Letter Trays Flat Trays Pallets Other
For Automation Rate Pieces, Enter Date of Address Matching and Coding	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding <u>12/05/2009</u>	If Sacked, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs <input type="checkbox"/> both	Total Pieces 1,688
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FAST Forward <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format		Total Weight 253.2000 lb	
Receipt Number 6438-887	Reference Number Big Coupon Book	Description of Mail Big Coupon Book	Entry Point DDU HATFIELD PA 19440

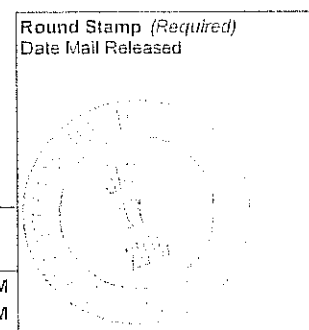
Parts Completed (select all that apply)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S
Total Postage (Add parts totals)	\$268.39
Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ <u>1688</u> = Postage Affixed
Net Postage Due (Subtract postage affixed from total postage)	
Additional Postage Payment (State reason)	
For postage affixed add additional payments 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 130	Total Adjusted Postage Permit Imprint

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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent <i>Michele Brown</i>	Printed Name of Mailer or Agent Signing Form Michele Brown	Telephone (215) 724-1700
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Weight of a Single Piece <u>0.000</u> pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces <u>1688</u>	Total Weight <u>101</u>
Total Postage <u>268.39</u>	
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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature <i>[Signature]</i>	Date Mailed <u>1/19/2010</u>
Print USPS Employee's Name <u>[Name]</u>	Contact <u>[Name]</u>
	By (Initials) <u>[Initials]</u>
	Time AM PM



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

Receipt Number: 6438-887 Entry Point: DDU HATFIELD PA 19440

**Part I**  
 Carrier Route Flats

*Check box at left if prices are populated in this section.*

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces		Total
I10	DDU Saturation *	0.1420	X	1,688	=	239.6960
I13	Detached Address Labels	0.0170	X	1,688	=	28.6960
<b>Part I Total</b>						<b>268.3920</b>

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Mailer	Permit Holder's Name and Address and Email Address, If Any	Telephone	Name and Address of Mailing Agent (if other)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) <b>Media Explosion Inc</b>
	Customer No.		Customer No.		Customer No.

Mailing	Post Office of Mailing Philadelphia PA 19143	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input checked="" type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date <u>1/19/2010</u> Weight of a Single Piece <u>1-12-10</u> 0.1624 pounds	Federal Agency Cost Code	Statement Seq. No. 0000001259	No. & Type of Containers _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays <u>3</u> EMM Letter Trays _____ Flat Trays _____ Pallets APC Other - 2
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Permit # 6438	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	If Sacked, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs <input type="checkbox"/> both	Total Weight 1,189.7424 lb	

For Automation Rate Pieces, Enter Date of Address Matching and Coding <u>1/1</u>	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding <u>12/05/2009</u>	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing <u>12/05/2009</u>	For pieces bearing a simplified address enter date of delivery statistics file or alternative method <u>1/1</u>
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format			
Receipt Number 6438-568	Reference Number 18901&02	Mailer's Department/Job No. Big Coupon Book	Description of Mail Big Coupon Book
Entry Point DDU DOYLESTOWN PA 18901			

Parts Completed (select all that apply)  A  B  C  D  E  F  G  H  I  J  K  L  S

Postage	Total Postage (Add parts totals)	\$1,164.83
	Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	pcs. x \$ _____ = Postage Affixed
	Net Postage Due (Subtract postage affixed from total postage)	

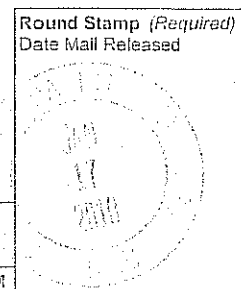
USPS Use	Additional Postage Payment (State reason)	
	For postage affixed add additional payments to net postage due for permit imprint add additional payment to total postage.	Total Adjusted Postage Affixed
	Postmaster: Report Total Postage in (Permit Imprint Only) <b>AIC 130</b>	Total Adjusted Postage Permit Imprint

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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent 	Printed Name of Mailer or Agent Signing Form Michele Brown	Telephone (215) 724-1700
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USPS Use Only	Weight of a Single Piece <u>0.1624</u> pounds	Are postage figures at left adjusted from mailer's entries? if "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Total Pieces <u>7326</u>	Total Weight <u>571</u>	
	Total Postage <u>1164.83</u>		
	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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).		Date Mailed Notified
USPS Employee's Signature 	Printed USPS Employee's Name D-G HPSO	By (Initials)	Time AM PM



Postage Statement - Standard Mail

Receipt Number: 6438-568 Entry Point: DDU DOYLESTOWN PA 18901 18901&02

**Part I**  
 Carrier Route Flats

Check box at left if prices are populated in this section.

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces		Total
110 DDU	Saturation *	0.1420	X	7,326	=	1,040.2920
113	Detached Address Labels	0.0170	X	7,326	=	124.5420
<b>Part I Total</b>						<b>1,164.8340</b>

18901, 18902

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks:

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

Post Office: Note Mail Arrival Date & Time  
 (Do Not Round-Stamp)

Permit Holder's Name and Address and Email Address, if Any	Telephone (215) 724-1700	Name and Address of Mailing Agent (if other)	Telephone (215) 724-1700	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) <b>Media Explosion Inc</b>
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Customer No.	Customer No.	Customer No.	Customer No.		
Post Office of Mailing Philadelphia PA 19143	Processing Category <input type="checkbox"/> Letters <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Parcels - Machineable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date <b>1/19/2010</b>	Federal Agency Cost Code	Statement Seq. No. 000001582	No. & Type of Containers _____ Sacks _____ 1 ft. Letter Trays _____ 2 ft. Letter Trays <u>2</u> EMM Letter Trays _____ Flat Trays _____ Pallets APC 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>1-17-10</b>	Total Pieces <b>5,442</b>		Total Weight 609.5040 lb	
Permit # <b>6438</b>	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	If Sacked, Based On <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both	For Automation Rate Pieces, Enter Date of Address Matching and Coding <b>12/05/2009</b>		
For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding <b>12/05/2009</b>		For Carrier Route Pieces, Enter Date of Carrier Route Sequencing <b>12/05/2009</b>		For pieces bearing a simplified address enter date of delivery statistics file or alternative method <b>1/1</b>	
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format					
Receipt Number 6438-797	Reference Number	Mailer's Department/Job No. Big Coupon Book	Description of Mail Big Coupon Book	Entry Point DDU WARMINSTER PA 18974	

Parts Completed (select all that apply)  A  B  C  D  E  F  G  H  I  J  K  L  S

Total Postage (Add parts totals)	<b>\$865.28</b>
Price at Which Postage Affixed (Check One) Complete if the mailing includes pieces bearing metered or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input checked="" type="checkbox"/> Neither	pcs. x \$ = Postage Affixed
Net Postage Due (Subtract postage affixed from total postage)	

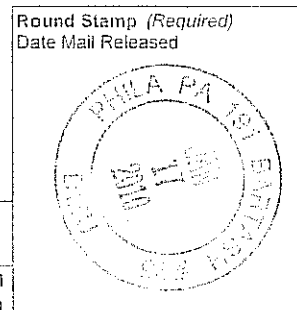
Additional Postage Payment (State reason)	
For postage affixed add additional payments to net postage due; for permit imprint add additional payment to total postage.	<b>Total Adjusted Postage Affixed</b>
Postmaster: Report Total Postage in (Permit Imprint Only) <b>AIC 130</b>	<b>Total Adjusted Postage 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.

Privacy Notice: For information regarding our Privacy Policy visit [www.usps.com](http://www.usps.com)

Signature of Mailer or Agent <i>MB</i>	Printed Name of Mailer or Agent Signing Form Michele Brown	Telephone (215) 724-1700
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Weight of a Single Piece <b>0610</b> pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces <b>5,442</b>	Total Weight <b>331.9620</b>
Total Postage <b>865.28</b>	
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 (4) payment of annual fee; and (5) sufficient funds on deposit (if required).	
USPS Employee's Signature <i>Helly</i>	Print USPS Employee's Name <i>Helly</i>
Date Mailer Notified	Contact
By (Initials)	Time AM PM



# Postage Statement - Standard Mail

Receipt Number: 6438-797 Entry Point: DDU WARMINSTER PA 18974

## Part I

Carrier Route Flats

*Check box at left if prices are populated in this section.*

Flats 3.3 oz. (0.2063 lbs.) or less

Entry	Price Category	Price		No. of Pieces		Total
110	DDU Saturation *	0.1420	X	5,442	=	772.7640
113	Detached Address Labels	0.0170	X	5,442	=	92.5140
<b>Part I Total</b>						<b>865.2780</b>

Containers 1ft MM Trays 2ft MM Trays 2ft EMM Trays Sacks Other

Non-Palletized:

Palletized:

Pallets:

Total Trays:

Total Sacks: