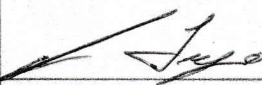

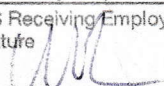


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1. Requested In-Home Delivery Date (3-day window)	2. Drop Ship Appointment Number
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See Instruction on Reverse

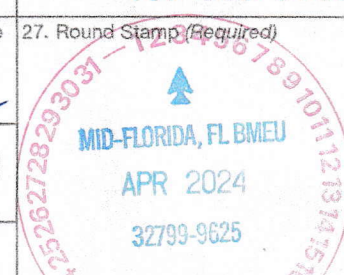
Mailier Information	3. Mailer Name <b>LOOK LOCAL MARKETING</b>		4. FAST Scheduler ID		5. Mailer Contact Name <b>Greg Hugan</b>		6. Mailer Contact Telephone (Include area code) <b>407-405-1030</b>	
	7. Origin Plant Location (City, state, ZIP+4®) <b>OVIEDO FL 32762</b>				8. Check One <input checked="" type="checkbox"/> Identical-Weight Pieces. Weight of a Single Piece _____ lbs. <input type="checkbox"/> Nonidentical-Weight Pieces			
	9. Class of Mail <input type="checkbox"/> Periodicals <input checked="" type="checkbox"/> Std. Mail <input type="checkbox"/> Package Services <input type="checkbox"/> International (Specify class)		10. Product or Publication Title or Names <b>LOOK LOCAL MAGAZINE</b>		11. Total Gross Weight of Shipment (Verified at origin office)			
					12. Type of Mail Processing Category (Check all that apply) <input type="checkbox"/> Letters <input type="checkbox"/> Automation Compatible <input type="checkbox"/> Irregular Parcels <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Nonmachinable Parcels			
	13. Pallets		a. No. Pallets of Trays _____	b. No. Pallets of Sacks _____	c. No. Pallets of Parcels _____	d. No. Pallets of Bundles _____	13.e. Non-Palletized Containers	
	Optional if Pallet Presort is known.	i. 5-Digit					i. No. of Bundles	
		ii. 5-D Scheme					ii. No. of Trays	
		iii. 5-D CR					iii. No. of Sacks	
		iv. 5-D Scheme CR					iv. No. of Parcels	
		v. 3-D					v. No. of Air Boxes	
vi. All Other						vi. No. of Other (Describe)		
14. Entry Discounts Claimed (Check all that apply)		<input checked="" type="checkbox"/> DDU	<input type="checkbox"/> DNDC	<input type="checkbox"/> DFSS	<input type="checkbox"/> Mailing Includes Pieces for Delivery Outside Service Area of Entry Office			
		<input type="checkbox"/> DSCF	<input type="checkbox"/> DADC	<input type="checkbox"/> International Service Center (ISC)	<input type="checkbox"/> International:			
15. Comments -- Record SCF/ADC/NDC/ASF designator(s) and ZIP Code(s) from the DMM label list for mailing presented, or attach register. <b>DDU - 32746</b>								
16a. Contact at Company Making Drop Ship Appointment (if other than mailer and if known when completing this form)						16b. Telephone		
Origin Post Office (Where verified)	17. Origin Post Office™ (City, state, and ZIP+4) <b>Mid FL, Florida 32799-9625</b>				26a. Name of USPS® Employee Verifying Mail <b>Ivan U. Trejo</b>		26b. Employee's Telephone Number (Include area code) <b>407-333-8463</b>	
	18. Verified at: <input type="checkbox"/> DMU (Mailer's plant) <input checked="" type="checkbox"/> BMEU or Post Office				26c. Signature of Verifying Employee 		27. Round Stamp (Required)	
	19. Permit Number <b>918</b>		20. Postage Payment Method (Except for Periodicals) <input checked="" type="checkbox"/> Permit <input type="checkbox"/> Stamped <input type="checkbox"/> Meter		26d. USPS Contact Name (If other than verifying employee) <b>SANDRA JACOBSON</b>			
	21. Total Pieces <b>14,723</b>		22. Total Weight of Mailing <b>802.4035</b>					
	23. Vehicle PVDS Seal Number		24. Vehicle ID Number					
	25. Comments				33. Load Condition Irregularities (Check all that apply) <input type="checkbox"/> Broken Pallets <input type="checkbox"/> Mailings are not separated by PS Form 8125 <input type="checkbox"/> Container Counts do not match PS Form 8125 <input type="checkbox"/> Overweight Pallets <input type="checkbox"/> Damaged Mail <input type="checkbox"/> Pallets Too Tall <input type="checkbox"/> Improper Mail Makeup <input type="checkbox"/> Incorrect Mail Class <input type="checkbox"/> Load Unsafe <input type="checkbox"/> Other (Describe in item 32) <input type="checkbox"/> Incorrect Appointment Type			
	28. Entry Office (Facility name, address, city, state and ZIP+4 code as found in the Drop Ship Product.) <b>LAKE MARY 3415 W. LAKE MARY BLVD. LAKE MARY, FL 32746</b> Note: Appointments with 100% Periodicals can be presented whenever the destination facility is open and staffed.							
29a. USPS Receiving Employee Signature 		29b. USPS Receiving Employee Name		34. Scan the barcode upon receipt.				
30. Date/Time of Arrival		31. Date/Time of Departure						
32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)								
Destination Entry Post Office or Delivery Unit	29a. USPS Receiving Employee Signature		29b. USPS Receiving Employee Name		34. Scan the barcode upon receipt.			
	30. Date/Time of Arrival		31. Date/Time of Departure					
	32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)							

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See Instruction on Reverse

3. Mailer Name <b>LOOK LOCAL MARKETING</b>		4. FAST Scheduler ID		5. Mailer Contact Name <b>Greg Hogan</b>		6. Mailer Contact Telephone (Include area code) <b>407-421-8641</b>	
7. Origin Plant Location (City, state, ZIP+4®) <b>OVIEDO FL 32762</b>				8. Check One <input checked="" type="checkbox"/> Identical-Weight Pieces. Weight of a Single Piece _____ lbs. <input type="checkbox"/> Nonidentical-Weight Pieces			
9. Class of Mail <input type="checkbox"/> Periodicals <input checked="" type="checkbox"/> Std. Mail <input type="checkbox"/> Package Services <input type="checkbox"/> International (Specify class)		10. Product or Publication Title or Names <b>LOOK LOCAL MAGAZINE</b>		11. Total Gross Weight of Shipment (Verified at origin office)			
13. Pallets		a. No. Pallets of Trays <b>1</b>	b. No. Pallets of Sacks	c. No. Pallets of Parcels	d. No. Pallets of Bundles	13.e. Non-Palletized Containers	
Optional if Pallet Presort is known.	i. 5-Digit					i. No. of Bundles	
	ii. 5-D Scheme					ii. No. of Trays	
	iii. 5-D CR					iii. No. of Sacks	
	iv. 5-D Scheme CR					iv. No. of Parcels	
	v. 3-D					v. No. of Air Boxes	
	vi. All Other					vi. No. of Other (Describe)	
14. Entry Discounts Claimed (Check all that apply)		<input checked="" type="checkbox"/> DDU <input type="checkbox"/> DNDC <input type="checkbox"/> DFSS <input type="checkbox"/> Mailing Includes Pieces for Delivery Outside Service Area of Entry Office		<input type="checkbox"/> DSCF <input type="checkbox"/> DADC <input type="checkbox"/> International Service Center (ISC) <input type="checkbox"/> International:			
15. Comments -- Record SCF/ADC/NDC/ASF designator(s) and ZIP Code(s) from the DMM label list for mailing presented, or attach register. <b>DDU 32765-32766</b>							
16a. Contact at Company Making Drop Ship Appointment (if other than mailer and if known when completing this form)						16b. Telephone	

17. Origin Post Office™ (City, state, and ZIP+4) <b>MID FLORIDA FL 32799-9620</b>		26a. Name of USPS® Employee Verifying Mail <b>Kevin Snyder</b>		26b. Employee's Telephone Number (Include area code) <b>407-333-8463</b>	
18. Verified at: <input type="checkbox"/> DMU (Mailer's plant) <input checked="" type="checkbox"/> BMEU or Post Office		26c. Signature of Verifying Employee <b>Kevin Snyder</b>		27. Round Stamp (Required)	
19. Permit Number <b>918</b>		20. Postage Payment Method (Except for Periodicals) <input checked="" type="checkbox"/> Permit <input type="checkbox"/> Stamped <input type="checkbox"/> Meter		26d. USPS Contact Name (If other than Verifying Mail) <b>SANDRA JACOBSON</b>	
21. Total Pieces <b>6,077</b>		22. Total Weight of Mailing <b>60.7700</b>			
23. Vehicle PVDS Seal Number		24. Vehicle ID Number			


25. Comments <b>POSTAGE VERIFIED</b>		33. Load Condition Irregularities (Check all that apply)			
28. Entry Office (Facility name, address, city, state and ZIP+4 code as found in the Drop Ship Product.) <b>567 E. FRANKLIN OVIEDO FL 32765</b>		<input type="checkbox"/> Broken Pallets		<input type="checkbox"/> Mailings are not separated by PS Form 8125	
Note: Appointments with 100% Periodicals can be presented whenever the destination facility is open and staffed.		<input type="checkbox"/> Container Counts do not match PS Form 8125		<input type="checkbox"/> Overweight Pallets	
29a. USPS Receiving Employee Signature <b>[Signature]</b>		29b. USPS Receiving Employee Name		<input type="checkbox"/> Damaged Mail	
30. Date/Time of Arrival		31. Date/Time of Departure		<input type="checkbox"/> Pallets Too Tall	
32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)		<input type="checkbox"/> Improper Mail Makeup		<input type="checkbox"/> Incorrect Mail Class	
		<input type="checkbox"/> Load Unsafe		<input type="checkbox"/> Other (Describe in item 32)	
		<input type="checkbox"/> Incorrect Appointment Type		34. Scan the barcode upon receipt.	

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See Instruction on Reverse

3. Mailer Name <b>LOOK LOCAL MARKETING</b>		4. FAST Scheduler ID		5. Mailer Contact Name <b>Greg Hogan</b>		6. Mailer Contact Telephone (Include area code) <b>407-421-8641</b>		
7. Origin Plant Location (City, state, ZIP+4®) <b>OUIDO FL 32762</b>				8. Check One <input checked="" type="checkbox"/> Identical-Weight Pieces. Weight of a Single Piece _____ lbs. <input type="checkbox"/> Nonidentical-Weight Pieces				
9. Class of Mail <input type="checkbox"/> Periodicals <input checked="" type="checkbox"/> Std. Mail <input type="checkbox"/> Package Services <input type="checkbox"/> International (Specify class)		10. Product or Publication Title or Names <b>LOOK LOCAL MAGAZINE</b>		11. Total Gross Weight of Shipment (Verified at origin office)				
12. Type of Mail Processing Category (Check all that apply) <input type="checkbox"/> Letters <input type="checkbox"/> Automation Compatible <input type="checkbox"/> Irregular Parcels <input checked="" type="checkbox"/> Flats <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Nonmachinable Parcels		13. Pallets		13.a. No. Pallets of Trays <b>1</b>		13.b. No. Pallets of Sacks		
Optional if Pallet Presort is known.	i. 5-Digit						13.e. Non-Palletized Containers	
	ii. 5-D Scheme						i. No. of Bundles	
	iii. 5-D CR						ii. No. of Trays	
	iv. 5-D Scheme CR						iii. No. of Sacks	
	v. 3-D						iv. No. of Parcels	
	vi. All Other						v. No. of Air Boxes	
14. Entry Discounts Claimed (Check all that apply)		<input checked="" type="checkbox"/> DDU <input type="checkbox"/> DNDC <input type="checkbox"/> DFSS <input type="checkbox"/> Mailing Includes Pieces for Delivery Outside Service Area of Entry Office		<input type="checkbox"/> DSCF <input type="checkbox"/> DADC <input type="checkbox"/> International Service Center (ISC) <input type="checkbox"/> International:		15. Comments -- Record SCF/ADC/NDC/ASF designator(s) and ZIP Code(s) from the DMM label list for mailing presented, or attach register. <b>DDU 32708</b>		
16a. Contact at Company Making Drop Ship Appointment (if other than mailer and if known when completing this form)						16b. Telephone		

17. Origin Post Office™ (City, state, and ZIP+4) <b>MID FLORIDA FL 32799-9620</b>		26a. Name of USPS® Employee Verifying Mail <b>Kevin Snyder</b>		26b. Employee's Telephone Number (Include area code) <b>407-333-8463</b>	
18. Verified at: <input type="checkbox"/> DMU (Mailer's plant) <input checked="" type="checkbox"/> BMEU or Post Office		26c. Signature of Verifying Employee <b>Kevin Snyder</b>		27. Round Stamp (Required)	
19. Permit Number <b>918</b>		20. Postage Payment Method (Except for Periodicals) <input checked="" type="checkbox"/> Permit <input type="checkbox"/> Stamped <input type="checkbox"/> Meter		26d. USPS Contact Name (if other than verifying employee) <b>SANDRA JACOBSON</b>	
21. Total Pieces <b>9,289</b>		22. Total Weight of Mailing <b>580.5625</b>			
23. Vehicle PVDS Seal Number		24. Vehicle ID Number			

25. Comments <b>POSTAGE VERIFIED</b>		33. Load Condition Irregularities (Check all that apply) <input type="checkbox"/> Broken Pallets <input type="checkbox"/> Mailings are not separated by PS Form 8125 <input type="checkbox"/> Container Counts do not match PS Form 8125 <input type="checkbox"/> Overweight Pallets <input type="checkbox"/> Damaged Mail <input type="checkbox"/> Pallets Too Tall <input type="checkbox"/> Improper Mail Makeup <input type="checkbox"/> Incorrect Mail Class <input type="checkbox"/> Load Unsafe <input type="checkbox"/> Other (Describe in item 32) <input type="checkbox"/> Incorrect Appointment Type	
28. Entry Office (Facility name, address, city, state and ZIP+4 code as found in the Drop Ship Product.) <b>1065 SR. 434 E. WINTER SPRINGS FL 32708</b>		34. Scan the barcode upon receipt.	
29a. USPS Receiving Employee Signature <b>[Signature]</b>		29b. USPS Receiving Employee Name <b>Jonny Lind</b>	
30. Date/Time of Arrival		31. Date/Time of Departure	
32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)			