

CHECK
City Of Gold Bar

CITY OF GOLD BAR

Voucher:
Tran: 1489
Date: 10/06/2011
To: Us Postal Service

Account: 1 Checking
Check: 016244
Amount: 190.50
For:

16244

CITY OF GOLD BAR

Us Postal Service

Check: 016244 Amount: 190.50 16244
Date: 10/06/2011
For:

Invoices:

OCT 11 190.50

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER



CITY OF GOLD BAR
107 5TH STREET
GOLD BAR, WA 98251
(360) 793-1101

Bank of America

19-2/1250

16244

PAY One Hundred Ninety and 50/100

DATE 10/06/2011 AMOUNT *****190.50

TO THE ORDER OF Us Postal Service

FOR

BY 
AUTHORIZED SIGNATURE
BY
AUTHORIZED SIGNATURE



THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

0000016244 25000024 36053 007

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GOLD BAR POST OFFICE
 GOLD BAR, Washington
 982519800
 5476210314-0097
 10/06/2011 (360)793-1717 10:10:16 AM

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Sales Receipt		
Product Description	Sale Unit Qty Price	Final Price

Permit Type: Permit Imprint
 Permit Number: 2
 Customer Name: CITY OF GOLD BAR

Amount of Deposit: \$190.50
 New Balance: \$190.55
 Confirmation #: 201127912095563D

Total: \$190.50

Paid by:
 Personal Check \$190.50

Order stamps at usps.com/shop or
 call 1-800-Stamp24. Go to
usps.com/clicknship to print
 shipping labels with postage. For
 other information call
 1-800-ASK-USPS.

 Get your mail when and where you
 want it with a secure Post Office
 Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000300775995
 Clerk:03

All sales final on stamps and postage
 Refunds for guaranteed services only
 Thank you for your business

 HELP US SERVE YOU BETTER

Go to:
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT
 POSTAL EXPERIENCE

YOUR OPINION COUNTS

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

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

Use this form for First-Class Mail.

Mailer	Permit Holder's Name and Address and Email Address, If Any CITY OF GOLD BAR 107 5TH STREET GOLD BAR, WA 98251	Telephone 793-1101	Post Office of Mailing Gold Bar	Permit # 2	Weight of a Single Piece 0.59 pound
	CRID _____		Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Fed. Agency Cost Code	Number and Type of Containers Sacks _____ Trays 3-1 Pallets _____
			Mailer's Mailing Date 10-6-11	Statement Seq. No.	Total Pieces 720
			Processing Category <input checked="" type="checkbox"/> Letters (Including Postcards) <input type="checkbox"/> Flats		Total Weight 41.3
			Move Update Method: <input type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> n/a Alternative Address Format		

Postage	Letter-size Mailpieces Contain	Category	Presort Level	Price	Number of Pieces	Total Postage
	<input type="checkbox"/> Reply card or reply envelope	Cards Eligible for Card Prices	B1. Presorted		\$0.260 x	610
<input type="checkbox"/> Only contents that are not required to be mailed FCM	B2. Single-Piece			0.290 x	110	31.90
<input type="checkbox"/> DVD/CD or other disk	Letters	B3. Presorted		x		
		B4. Single-Piece		x		
	Flats	B11. Presorted		x		
		B12. Single-Piece		x		
Total Postage (Add Parts Totals)						190.43
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						
Permit # 2 Net Postage Due (Subtract postage affixed from total postage)						190.50

USPS Use	Additional Postage Payment (State reason)	
	For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Affixed
	Postmaster: Report Total Postage in (Permit imprint only) AIC 121	Total Adjusted Postage Permit Imprint

Certification

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices 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.

Signature of Mailer or Agent <i>Denise Beaton</i>	Printed Name of Mailer or Agent Signing Form Denise Beaton - COFGB	Telephone 793-1101
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USPS Use Only To be completed in non-Postal/One! sites	Weight of a Single Piece _____ pound	Are postage figures at left adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No		USPS Use Only To be completed in non-Postal/One! sites	
	Total Pieces	Total Weight			
	Total Postage				Round Stamp (Required) Payment Date
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)				
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices 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		By (Initials)	Time AM PM		
		Print USPS Employee's Name			