

Exhibit 11



MAC Gold Manifest Mailing System Application

Mailer Name and Address (Street, City, State, ZIP+4)	Name of mailer representative responsible for your manifest system
DUNS® Number (Note: DUNS® number required for use of Confirmation Services.)	
Signature and Date	Phone Number
e-mail Address	FAX

Check ONLY the options that are applicable to your system.

- First-Class Mail (single-piece rate)
 - Priority Mail (single-piece rate)
 - Parcel Post (single-piece rate)
 - Delivery Confirmation
 - Signature Confirmation
 - Insured
- (If either Confirmation Service is checked, PS Form 1357-S must be included.)

1. MAC Gold Product Information

Product Name and Version Number: _____
Scale Manufacturer and Model: _____
Printer Manufacturer and Model: _____
Product Supplier/Installer: _____
Address: _____
Contact: _____ Phone: _____

2. Will this system be installed at multiple mailing sites? Yes No

If yes, please submit a separate application (with required documentation) for each mailing site.

3. Post office where permit imprint advance deposit account is authorized and permit number.

(**Note:** Advance deposit account and permit imprint number required before submission of this application.)

City/State/ZIP+4: _____ Permit Imprint # _____

4. Daily Est. Volume: _____ Pieces _____ Weight (Lbs.) Note: Each mailing must be at least 200 pieces or 50 pounds.

5. If using Confirmation Services, select the method you will use to transmit the electronic files.

- Internet FTP
- FTP Dial-up (modem) – Files will be sent: Zipped Unzipped

6. What days would you like to present your manifest mailings? [circle day(s)]

M Tu W Th F Sa

7. What date would you like to begin manifesting your mail? _____

(**Note:** Please allow 5 days for application processing.)

Please submit: 1) This application, 2) the signed MMS agreement, and 3) Form 1357-S (if using Confirmation Services) to the MAC Gold Department at the address to the right. You will be contacted by a Postal Service representative in your area to confirm the receipt of this application and to finalize your start-up date.

**MAC Gold Department
National Customer Support Center
United States Postal Service
6060 Primacy Pkwy STE 201
Memphis TN 38188-0001**

Exhibit 12



MAC Gold Manifest Mailing System Agreement

between the

United States Postal Service

and

(Mailer's Name)

(Street Address)

(City/State

ZIP+4)

1. This Manifest Mailing System (MMS) agreement contains the terms and conditions for implementing a MMS under the terms of the MAC Gold certified system procedures. The general requirements for the use of a MMS are described in Publication 401, *Guide to the Manifest Mailing System*, and the *Domestic Mail Manual* (DMM).
2. The mailer will prepare all mailings under the postal regulations in the DMM in addition to the requirements for using an MMS and this agreement.
3. The mailer will present mail under this agreement for verification by postal representatives at: _____

(Name of Administering Post Office)
4. This agreement is limited to mailings of single-piece rate First-Class Mail, Priority Mail, and Parcel Post. Insurance may also be used with these three classes. Delivery or Signature Confirmation, at the mailer's option, may be used with Priority Mail items, Parcel Post parcels, and/or First-Class Mail parcels.
5. The mailer will perform the quality control procedures described below to ensure the accuracy of postage computations. The Postal Service reserves the right to require the mailer to implement other reasonable and appropriate quality control measures if the procedures described below do not appear adequate to ensure proper payment of postage.
 - Ensure that scales used to establish the package weights are calibrated yearly by an accredited weights and measures firm. Proof of this procedure must be submitted to the administering Post Office.
 - Count all pieces submitted with the manifest and compare that count to the summary totals on the manifest. Ensure that the amounts agree with the data reported on the appropriate postage statement(s) before these documents are submitted to the Postal Service.
6. Postage will be paid at the office of mailing.
7. The mailer agrees to:
 - Submit accurate computerized facsimile postage statements of the most current, official edition.
 - Maintain sufficient funds on deposit to cover the postage charges for any mailings made.
 - Promptly pay any and all moneys due the Postal Service for postage charges and Confirmation Services fees, if applicable.
8. The mailer will print a unique identification number on each mailpiece. Numbers will not be duplicated in a mailing and will appear sequentially on the manifest.
9. The mailer will allow Postal Service employees to have reasonable access to mail preparation areas to observe mail production and verify mailing records.

10. The mailer will provide any assistance the Postal Service may require to conduct periodic monitoring and review of the MMS. Such review will include, but is not limited to, procedures for handling damaged and withdrawn pieces, for quality control and corrective actions, and production of accurate documentation.
11. When presenting mail to the Postal Service for verification, the mailer will provide all the following:
 - A properly prepared postage statement.
 - The manifest in hardcopy or electronic media.
 - PS Forms 3877 and 3152. (These forms are generated automatically as part of the manifest when Confirmation Services are used.)
12. The mailer will retain the following documents for 90 days and make them available for inspection by the Postal Service within 48 hours:
 - Manifest listings and summaries.
 - Postage statement facsimiles.
13. The mailer will provide written notice—at least seven days in advance—to the Postal Service of any relocation or change in ownership, or any modification or adjustment to the computerized system used for the preparation of mailings under this agreement that might affect any of the following:
 - The calculation of postage.
 - Generation of required mailing documentation.
14. The Postal Service will verify the accuracy of the postage calculations reflected on the computer-generated manifest according to the MAC Gold acceptance procedures described in Exhibit 10, Publication 401. If the Postal Service determines that postage is understated by more than 1.5%, additional postage will be charged. No adjustments will be made for overstatement of postage.
15. The mailer understands that any request for a postage refund or any adjustment to the advance deposit account for postage underpayment must be submitted in writing and must document and clearly explain the reason for the discrepancy and corrective action taken to ensure it does not recur. Any occurrences of postage underpayment detected by the mailer will be reported to the administering Post Office within five working days from the date of detection. Any postage refund request or postage underpayment occurrence may trigger an investigation by Business Mailer Support (BMS) to determine why the discrepancy was not detected by the system and whether proper corrective action was taken to prevent a recurrence. The BMS manager will make a decision on the validity of a postage refund request or postage underpayment. When the BMS manager determines postage was overpaid or underpaid due to a system failure in the mailer's operation, the administrative processing cost will be charged to the mailer. In that event, the mailer agrees to separately pay the administrative processing cost, or allow the Postal Service to adjust the overpayment or underpayment amount, as appropriate.
16. Manifest mailing system privileges may be suspended at any time by the Postal Service, pending review, when there is an indication that postal revenue is not fully protected.
17. The mailer may cancel this agreement at any time by giving written notice to the administering Post Office.
18. The district manager, customer service and sales, may cancel this agreement—upon 15 days' written notice—if the manager determines:
 - The mailer fails to provide manifests with correct data.
 - The required quality control procedures are not being properly performed.
 - The MMS does not comply with the requirements in the *Domestic Mail Manual*, Publication 401, or this agreement, and problems are not promptly resolved.
 - Mailings are presented that are not properly prepared or properly paid for.
 - The mailer has relocated or has changed ownership without notification.
 - No manifested mailings are presented for more than six months unless approved by BMS.
19. This agreement will remain in effect for two years from the date the district manager, customer service and sales, gives approval.

This agreement consists of 19 articles and cannot be amended or changed without the approval of the Postal Service.

**MAC Gold Manifest Mailing System Agreement
Authorization Signature Page**

Mailer

Name: _____

City, State, ZIP+4: _____

Telephone Number: _____

Signature and Date: _____

Postmaster

Name: _____

City, State, ZIP+4: _____

Telephone Number: _____

Signature and Date: _____

District Manager, Customer Service and Sales, _____
(District Name)

Name: _____

City, State, ZIP+4: _____

Telephone Number: _____

Signature and Date: _____

Manager, Business Mailer Support

Name: _____

City, State, ZIP+4: _____

Telephone Number: _____

Signature and Date: _____

Signature by the above parties constitutes authorization for the mailer to enter mailings under the above service agreement.

Original PS 1357 Located at:

U.S. Postal Service Request for Computer Access

Logon ID Assigned

(Instructions for completing form on reverse side.)

Section A: User Identification

1. Requestor's Name	2. eAccess Unique ID or Last 4 Digits of SSN	3. Area	4. Finance No.
5. Requestor's Job Title	6. Employment Status (<i>Check one</i>) <input type="checkbox"/> Career <input type="checkbox"/> Casual <input type="checkbox"/> Foreign	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary <input type="checkbox"/> Nonpostal
7. USPS Organization/Department	8. USPS or Company Mailing Address (Include ZIP+4)		
9. Telephone No.			
10. District Code and Name			

11. User Responsibility Agreement Statement
 I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide update information for Section A whenever I change job positions. I agree that misuse of a USPS computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service.
 (Read Privacy Act Statement on reverse side before signing. Note: Privacy Act Statement **MUST** be on reverse side of this form.)

Signature _____ Date _____

12. Manager Responsibility Agreement Statement
 I agree that modifications to existing service agreements will require additional Form 1357 requests. I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

USPS Manager's Name (Please print) Logon ID Signature Date Telephone No.

Section B: Computer Access Requested

13a. Describe Support Required

Logon ID (Circle one): New Change Delete Facility Where Access Is Required: _____
 DDE/DR: Access Code: _____ User Type: _____ List Existing Logon IDs & Facilities: _____

13b. Resource Name (Additional room is available on the reverse side)	13c. Sensitive or Proprietary	13d. Access Level Required (See instructions)

Section C: Computer Access Approvals

14. Contractor Information (Must be completed by the Contracting Officer's Representative (COR))

a. Does the Contract Contain Provisions for (Circle Yes or No):
 1. Screening? Yes No
 2. Security of Information? Yes No
 3. Privacy of Information? Yes No
 4. Contractor Screening by the Inspection Service? Yes No

b. Contract Number: _____
 c. Contract Expiration Date: _____
 d. USPS Organization/Department: _____

15. USPS COR's Name (Please Print)	Signature	Date	Telephone No.
16. Functional System Coordinator's Name (Please Print)	Signature	Date	Telephone No.
17. Logon ID Administrator's Name (Please Print)	Signature	Date	Telephone No.

Instructions for Completing PS Form 1357

Note: Please print all entries except for signatures. Incomplete information may cause delays in implementation or return of this form.

Section A: User Identification

1. Print your full name.
2. Enter your eAccess Unique Identifier or last 4 digits of Social Security Number.
3. Enter your Area.
4. Enter your Finance Number.
5. Enter your official job title.
6. Enter your employment status.
7. Specify your work organization.
8. Enter your USPS or company mailing address (include ZIP+4).
9. Enter your telephone number.
10. Enter your District Code and District Name, if applicable.
11. Read and understand the User Responsibility Agreement Statement * and Privacy Act Statement (printed below) before signing and dating this document.
12. Your USPS manager must read and understand the Manager Responsibility Agreement Statement * prior to affixing his/her name, Logon ID (Unique Identifier), signature, date, and phone number.

Section B: Computer Access Requested

13a. Please check, circle, and describe the support that you will require. Specify any system compilers or other special software required in support of your request. Include all data access (CICS transaction IDs, IDMS codes, etc.) requirements or any special security required of the system or data. Include any support services (data entry, etc.) needed. Estimate the number of service hours required per week in support of your request. Special access request to the DDE/DR system will require DDE/DR Functional System Coordinator to supply the access code and user type.

13b. Enter the name of the application(s) or resources to which access is sought.

13c. Specify if applications or files within applications are sensitive or proprietary.

13d. Specify the appropriate access level to applications and files.

READ access allows a user to read and copy, but not to change a filename or it's contents.

WRITE access allows a user to change the contents of or delete a file, to create files within a catalog or directory, and may permit renaming and relocating files.

EXECUTE access allows a user to execute or use a program file, but generally not to see or change it.

ALLOCATE access allows a user to delete, rename, catalog, uncatalog, or archive a file.

Section C: Computer Access Approvals

14a-d. The Contracting Officer's Representative (COR) will complete this block -- reference the Administrative Support Manual (ASM); Procurement Manual (PM); and Handbook AS-805. If the contractor has not been screened, the contractor must complete and attach PS Forms 2025 and 2181 with this request.

15. The COR will complete Block 14 before entering his/her name, signature, date, and phone number.

16. To approve grants of access, the Functional System Coordinator enters his/her name, signature, date, and phone number.

17. The person (Logon ID Administrator) responsible for creating a logon ID for a user enters his/her name, signature, phone number, and date. The Logon ID Administrator must also indicate in the upper left hand corner of Form 1357 where the original of this Form 1357 will be kept and in the upper right hand corner the Logon ID assigned.

* Additional responsibilities can be found in Handbook AS-805 and Administrative Support Manual (ASM).

Privacy Act Statement

The collection of this information is authorized by 39 U.S.C. 401 and Public Law 100-235, Computer Security Act of 1987. This information will be used to assign computer logon IDs by which access to data and/or files on computer systems is limited to authorized persons through the use of computer security access control products. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert or consultant under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed against the USPS under 29 CFR 1613; and to the Merit Systems Protection Board or Offices of Special Counsel for proceedings involving possible prohibited personnel practices. Completion of this form is voluntary; however, if this information is not provided, you may not be granted a computer logon ID.

13b. Resource Name (Continued from front)	13c. Sensitive or Proprietary	13d. Access Level Required (See instructions)

For USPS Use Only

MAC Gold Department

Date Application Received: _____

Application Processed By: _____

File Number: _____

Date Application Forwarded to District: _____

Date Copy Sent to Sales Center: _____

Date PS Form 1357-S Sent: _____

District MMS Quick Response Team

Date Application Received: _____

Confirmed Mailer Start Date: _____

Name of Mailer Representative Contacted: _____

Contact with Mailer Made By: _____

Date

Note: Once the start date is confirmed, date and sign the notification letter, **Exhibit 11B**, and fax that letter to the mailer.