

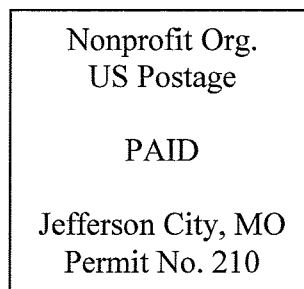
6009 Stertz Road
Jefferson City, MO 65101
www.modernlitho.com



800.456.5867
573.635.6119
FAX 573.636.2655

**Applying for Authorization to Mail
Non-Profit Standard Mail Rates from Jefferson City, Missouri:**

1. Complete PS Form 3623 – Application For Nonprofit Standard Mail Rates at Additional Mailing Office.
2. Type a letter on your organization's letterhead to the Postmaster requesting authorization to mail at Nonprofit Standard Mail Rates from an additional mailing office.
3. Sign PS Form 3623 and the letter and fax both to me at 573.636.2655. Keep copies for your file.
4. In two to four days you will receive a letter from the Postal Service Rates and Classifications Center notifying you of approval to mail from Jefferson City at non-profit rates. Please notify Modern Litho-Print that approval was received. The Jefferson City Post Office will also receive notification.
5. When preparing a publication to be mailed from Jefferson City at the non-profit rate, make sure that the Modern Litho indicia is printed on your publication – or we can place the indicia for you. See sample below.



Questions? Please call Modern Litho-Print Co. at
800.456.5867

(YOUR LETTERHEAD)

Date _____

Postmaster
Jefferson City, MO 65101

Dear Postmaster:

We are requesting authorization to mail at the special bulk third-class rate of postage at an additional office.

Attached is form 3623 with information requested. The name of our organization is ...X...Y...Z..

We presently mail at a non-profit rate from <<<<name of city>>>>. We would like to work with Modern Litho-Print Company and be able to mail at a non-profit rate from Jefferson City, Missouri.

Thank you,

Sincerely,

Your Name
Your Title

XX/YY

Note For Applicant --- This letter must be on the company's letterhead and signed by an official of the organization. "official" usually means "employee".

Application for Nonprofit Standard Mail Rates at Additional Mailing Office

Part 1 (For completion by applicant)

- Any organization currently authorized to mail at the Nonprofit Standard Mail rates at one Post Office™ may obtain authorization to mail at those rates at an additional mailing office (described in *Domestic Mail Manual* (DMM®) 703.1.8). Additional authorizations will be granted only to the organization holding the original authorization. A national organization may not obtain an additional mailing office authorization for mailings of its independent chapters.
- The organization name in item 1 must match the name of the authorized organization exactly. The applicant named in item 3 must be an official of the organization completing this form (not an agent).
- File a separate application for each post office (not a station or a branch) for which your organization wants additional authorizations.
- Attach a letter with this application showing the following:
 - An official letterhead.
 - Signature of an organization official.
 - Statement of request for authorization to mail at the Nonprofit Standard Mail rates at an additional mailing office.
- Submit the completed application to the postmaster at the post office where additional authorization is requested (item 8).

No application fee is required. Please be sure all information is complete. Please type or print legibly.

1. Complete Name of Organization	6. Post office where original Nonprofit Standard Mail authorization granted and on which this application is based (<i>City, state, ZIP Code™</i>)
2. Street Address of Organization (<i>Number, street, apartment or suite number, city, state, and ZIP+4®</i>)	7. Authorization number for original authorization, if known (<i>shown in upper right corner of your original office of mailing authorization letter</i>)
3. Name of Applicant (<i>Must represent applying organization</i>)	8. Post office (not a station or branch) where additional authorization is requested and bulk mailings will be made (<i>City, state, ZIP Code</i>)
4. Telephone Number (<i>Include area code</i>) ()	9. Estimated date of first mailing at additional mailing office
5. Is this organization exempt from federal income tax? If 'Yes,' indicate section of Internal Revenue Service (IRS) code under which it is exempt. <input type="checkbox"/> No <input type="checkbox"/> Yes 501(c)_____ Other _____	10. Name, address, contact person, and area code/telephone number of printer or agent who will present mailings to additional mailing office

I certify that the statements made by me are true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

I further understand that, if this application is approved, a postage refund for the difference between the regular Standard Mail and Nonprofit Standard Mail rates may be made for only those regular Standard Mail mailings entered at the post office identified above while this application is pending, provided that the conditions set forth in Domestic Mail Manual 703.1 and 703.1.9 are met.

11. Signature of Applicant	12. Title	13. Date
----------------------------	-----------	----------

Part 2 (For completion by postmaster at additional office when application filed)

<ul style="list-style-type: none"> ■ Be sure that the applicant has completed items 1 to 13 in part 1 and has attached the required letter. ■ If the original office of mailing authorization number is known and is shown in item 7, the postmaster should request authorization by calling the Pricing and Classification Service Center at one of the following numbers: <ul style="list-style-type: none"> Eastern, New York Metro, and Northeast Areas (212) 330-5360 Cap Metro, Southeast, and Southwest Areas (212) 330-5361 Great Lakes, Pacific and Western Areas (212) 330-5362 ■ Retain applications approved by telephone at the post office. A copy of the authorization letter sent to the applicant will be sent to the postmaster. ■ Send applications not processed by telephone to: <ul style="list-style-type: none"> PRICING AND CLASSIFICATION SERVICE CENTER PO BOX 3623 NEW YORK NY 10008-3623 	<ul style="list-style-type: none"> 1. <input type="checkbox"/> Check here if authorized by telephone and enter the additional mailing office authorization number issued by the Nonprofit Service Center. 2. Signature of Postmaster (<i>Or designated representative</i>) 3. Date Application Filed With Post Office (<i>Round stamp</i>)
--	---