

United States Postal Service®
Plant-Verified Drop Shipment (PVDS)
Verification and Clearance This form available at www.usps.com.

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

3. Mailer Name LOOK LOCAL MARKETING		4. FAST Scheduler ID	5. Mailer Contact Name Greg Hogan		6. Mailer Contact Telephone (Include area code) 407-405-1030
7. Origin Plant Location (City, state, ZIP+4®) OUIDO FL 32762			8. Check One <input checked="" type="checkbox"/> Identical-Weight Pieces. Weight of a Single Piece .6540 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 LOOK LOCAL MAGAZINE		11. Total Gross Weight of Shipment (Verified at origin office)	
13. Pallets		a. No. Pallets of Trays 1	b. No. Pallets of Sacks	c. No. Pallets of Parcels	d. No. Pallets of Bundles
Optional, if Pallet Presort is known.	i. 5-Digit				
	ii. 5-D Scheme				
	iii. 5-D CR				
	iv. 5-D Scheme CR				
	v. 3-D				
	vi. All Other				
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. DDU - 32746			
16a. Contact at Company Making Drop Ship Appointment (if other than mailer and if known when completing this form)				16b. Telephone	

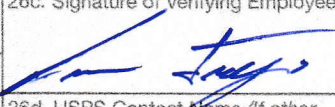

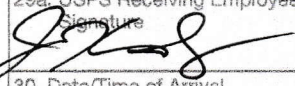
17. Origin Post Office™ (City, state, and ZIP+4) Mid FL, Florida 32799-9625		26a. Name of USPS® Employee Verifying Mail Ivan U. Trejo	26b. Employee's Telephone Number (Include area code) 407-333-8463
18. Verified at: <input type="checkbox"/> DMU (Mailer's plant) <input checked="" type="checkbox"/> BMEU or Post Office		26c. Signature of Verifying Employee 	27. Round Stamp (Required)
19. Permit Number 918	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) SANDRA JACOBSON
21. Total Pieces 15164	22. Total Weight of Mailing 818.856		
23. Vehicle PVDS Seal Number	24. Vehicle ID Number		
25. Comments POSTAGE PAID		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.) LAKE MARY 3415 W. LAKE MARY BLVD. LAKE MARY, FL 32746 Note: Appointments with 100% Periodicals can be presented whenever the destination facility is open and staffed.		34. Scan the barcode upon receipt.	
29a. USPS Receiving Employee Signature 	29b. USPS Receiving Employee Name		
30. Date/Time of Arrival 5/28/24 1304PM	31. Date/Time of Departure		
32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)			

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3. Mailer Name LOOK LOCAL MARKETING		4. FAST Scheduler ID		5. Mailer Contact Name Greg Hogan		6. Mailer Contact Telephone (Include area code) 407-421-8641		
7. Origin Plant Location (City, state, ZIP+4®) OUIDO FL 32762				8. Check One <input checked="" type="checkbox"/> Identical-Weight Pieces. Weight of a Single Piece .1075 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 LOOK LOCAL MAGAZINE		11. Total Gross Weight of Shipment (Verified at origin office)				
13. Pallets		a. No. Pallets of Trays 1		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. DDU 32708								
16a. Contact at Company Making Drop Ship Appointment (if other than mailer and if known when completing this form)						16b. Telephone		

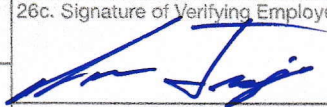

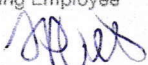
17. Origin Post Office™ (City, state, and ZIP+4) Mid FL, Florida 32799-9625		26a. Name of USPS® Employee Verifying Mail Ivan U. Trejo		26b. Employee's Telephone Number (Include area code) 407-333-8463	
18. Verified at: <input type="checkbox"/> DMU (Mailer's plant) <input checked="" type="checkbox"/> BMEU or Post Office		26c. Signature of Verifying Employee 		27. Round Stamp (Required)	
19. Permit Number 918		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) SANDRA JACOBSON	
21. Total Pieces 9289		22. Total Weight of Mailing 998.5675			
23. Vehicle PVDS Seal Number		24. Vehicle ID Number			
25. Comments POSTAGE PAID		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.) WINTER SPRINGS 1065 SR. 434 E. WINTER SPRINGS FL 32708		34. Scan the barcode upon receipt.			
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 James Kennedy	
30. Date/Time of Arrival 5/29/24 3:02pm		31. Date/Time of Departure			
32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)					

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7. Origin Plant Location (City, state, ZIP+4®) OVIEDO FL 32762				8. Check One <input checked="" type="checkbox"/> Identical-Weight Pieces. Weight of a Single Piece .1075 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 LOOK LOCAL MAGAZINE		11. Total Gross Weight of Shipment (Verified at origin office)				
13. Pallets		a. No. Pallets of Trays		b. No. Pallets of Sacks		c. No. Pallets of Parcels		
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. DDU 32765-32766								
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) Mid FL, Florida 32799-9625		26a. Name of USPS® Employee Verifying Mail Ivan U. Trejo		26b. Employee's Telephone Number (Include area code) 407-333-8463	
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 918		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) SANDRA JACOBSON	
21. Total Pieces 6077		22. Total Weight of Mailing 653.2475			
23. Vehicle PVDS Seal Number		24. Vehicle ID Number			
25. Comments POSTAGE PAID		33. Load Condition Irregularities (Check all that apply) <input type="checkbox"/> Broken Pallets <input type="checkbox"/> Container Counts do not match PS Form 8125 <input type="checkbox"/> Damaged Mail <input type="checkbox"/> Improper Mail Makeup <input type="checkbox"/> Load Unsafe <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.) 567 E. FRANKLIN OVIEDO FL 32765		29a. USPS Receiving Employee Signature 		29b. USPS Receiving Employee Name	
30. Date/Time of Arrival		31. Date/Time of Departure		34. Scan the barcode upon receipt.	
32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)					