

Postage Statement - Standard Mail - Easy Nonautomation Letters or Flats

This form may be used only for a single nonautomation piece mailing of identical-weight pieces. Use PS Form 3602-H for all other regular Standard Mail mailings.
Checklists and other tools for mailers are available on the Postal Explorer website at pe.usps.com.

Mailer	Permit Holders Name and Address and Email Address, If Any		Telephone
	GULF POWER COMPANY CONNIE A FRESN ONE ENERGY PLACE PENSACOLA, FL 32520 CAFRESN@SOUTHERNCO.COM		850.444.6677
			CRID

Mailing	Post Office of Mailing	Mailer's Mailing Date	Permit No.	Federal Agency Cost Code	Statement Seq. No.	No. & Type of Containers
	PENSACOLA 32520	Jun 18, 2011 <i>6/14/11 S. Res</i>	263		105916	Sacks <u>0</u> Trays <u>31</u> Pallets <u>0</u>
	Type of Postage	Weight of a Single Piece	If Sacked, Based on		Processing Category	
	<input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	0.0219 pound	<input type="checkbox"/> 125 pieces <input type="checkbox"/> 15 pounds		<input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats	
	Move Update Method:	<input type="checkbox"/> n/a Alternative Address Format <input type="checkbox"/> OneCode ACS <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple			Total Pieces	Total Weight
					9,891	216.6129

Postage	<input type="checkbox"/> Mailpiece is a product sample <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk		Total Postage (Add Parts Totals)	\$2,525.43
	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 # _____ Net Postage Due (Subtract postage affixed from total postage)

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 130	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.

Signature of Mailer or Agent		Printed Name of Mailer or Agent Signing Form	Telephone
		CONNIE A FRESN	850.444.6677

USPS Use Only To be completed in non-PostalOne! sites	Weight of a Single Piece	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-PostalOne! sites	
	Total Pieces	Total Weight			
	Total Postage				
	Presort Verification Performed? (If required)	Date Mailed Notified			Round Stamp (Required) Payment Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)	By (Initials)	Contact		
I CERTIFY that the 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)		Time	AM PM		
USPS Employee's Signature		Print USPS Employee's Name			

See reverse side of this form for complete Postage section

United States Postal Service

Postage Statement - Standard Mail - Easy Nonautomation Letters or Flats

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

FYI only

This form may be used only for a single nonautomation price mailing of identical-weight pieces. Use PS Form 3802-R for all other regular Standard Mail mailings. Checklists and other tools for mailers are available on the Postal Explorer website at pe.usps.com.

Mailing	Permit Holders Name and Address and Email Address, If Any				Telephone 850.444.6677
	GULF POWER COMPANY CONNIE A FRESN ONE ENERGY PLACE PENSACOLA, FL 32520 CAFRESN@SOUTHERNCO.COM				CRID _____ <i>21/CA</i>

Postage	Post Office of Mailing PENSACOLA	Mailer's Mailing Date May 16, 2011	Permit No. 263	Federal Agency Cost Code	Statement Seq. No. 161112	No. & Type of Containers
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.0219 pound		If Sacked, Based on <input type="checkbox"/> 125 pieces <input type="checkbox"/> 15 pounds		Sacks _____ 0 Trays _____ 25 Pallets _____ 0
Move Update Method: <input type="checkbox"/> r/a Alternative Address Format <input type="checkbox"/> OneCode ACS <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple					Total Pieces 9,996	Total Weight 218.9124

USPS Use	<input type="checkbox"/> Mailpiece is a product sample <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk		Total Postage (Add Parts Totals)		\$2,170.90
	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				

Certification	Permit # _____ Net Postage Due (Subtract postage affixed from total postage)					
	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 130		Total Adjusted Postage Permit Imprint	

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	Printed Name of Mailer or Agent Signing Form CONNIE A FRESN	Telephone 850.444.6677
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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	Round Stamp (Required) Payment Date			
	Total Postage					
	Presort Verification Performed? (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)			Date Mailer Notified _____ Contact _____		
	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)			By (Initials) _____ Time _____ AM _____ PM		
USPS Employee's Signature			Print USPS Employee's Name			

See reverse side of this form for complete Postage section

FYI

United States Postal Service

Postage Statement - Standard Mail

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

Mailer	Permit Holder's Name and Address and Email Address, If Any GULF POWER COMPANY CONNIE A FRESN/RICHARD BEACH ONE ENERGY PLACE PENSACOLA, FL 32520 CAFRESN@SOUTHERNCO.COM	Telephone 850.444.6677	Name and Address of Mailing Agent (if other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder) GULF POWER COMPANY SHATAKA POTTER ONE ENERGY PLACE PENSACOLA, FL 32520
	CAPS Cust. Ref. No. CRID		CRID		CRID

Mailing	Post Office of Mailing Pensacola 32520	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Catalogs <input type="checkbox"/> Flats <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> CMM <input type="checkbox"/> NFM	Mailer's Mailing Date Aug 05, 2011	Federal Agency Cost Code	Statement Seq. No. 142212	No. and Type of Containers 0 Sacks 7 1 ft. Letter Trays 29 2 ft. Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Permit # 263	For Mail Enclosed within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	Weight of a Single Piece 0.0219 pounds	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	Total # of Pieces in Mailing 9,995 Of total pieces, # with simplified addresses

For Automation Pieces, Enter Date of Address Matching and Coding 8/1/2011	For Carrier Route Pieces, Enter Date of Address Matching and Coding 8/1/2011	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing	For pieces bearing a simplified address enter date of delivery statistics file or alternative method
Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> FASTforward <input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> r/a Alternative Address Format <input type="checkbox"/> OneCode ACS			
Parts Completed (Select all that apply) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S			
<input type="checkbox"/> Mailpiece is a product sample.		<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.	
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		1 Subtotal Postage (Add Parts Totals) \$1,946.41	
2	Incentive/Fee	(% or \$0.00)	x Total Postage or Pieces as applicable
3	Incentive/Fee	(% or \$0.00)	x Total Postage or Pieces as applicable
4	Incentive/Fee	(% or \$0.00)	x Total Postage or Pieces as applicable
5	Permit # Net Postage Due (Line 1 +/- Lines 2, 3, 4)		

USPS Use	Additional Postage Payment (State reason)	Total Adjusted Postage Affixed
	For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Permit Imprint
	Postmaster: Report Total Postage in (Permit Imprint Only) AIC 130	

Incentive Claimed: _____

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	Printed Name of Mailer or Agent Signing Form CONNIE A FRESN/RICHARD BEACH	Telephone 850.444.6677
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USPS Use Only To be completed in non-Postal/One! sites	Weight of a Single Piece 0. 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				
	Presort Verification Performed? (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No				
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	Round Stamp (Required) Payment Date	
USPS Employee's Signature		By (Initials)	Time AM PM		
		Print USPS Employee's Name			

David Hindsman #231 FYI on

United States Postal Service
Postage Statement - Standard Mail

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

Mailer	Permit Holder's Name and Address and Email Address, If Any GULF POWER COMPANY CONNIE A FRESN/RICHARD BEACH ONE ENERGY PLACE PENSACOLA, FL 32520 CAFRESN@SOUTHERNCO.COM	Telephone 850.444.6677	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) GULF POWER COMPANY SHATAKA POTTER ONE ENERGY PLACE PENSACOLA, FL 32520
	CAPS Cust. Ref. No. CRID		CRID		CRID

Mailing	Post Office of Mailing Pensacola 32520	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Catalogs <input type="checkbox"/> Flats <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> CMM <input type="checkbox"/> NFM	Mailer's Mailing Date Jul 15, 2011	Federal Agency Cost Code	Statement Seq. No. 083037	No. and Type of Containers 0 Sacks 5 1 ft. Letter Trays 30 2 ft. Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.0219 pounds	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	Total # of Pieces in Mailing 9,986	Of total pieces, # with simplified addresses	Total Weight 218.6934

For Automation Pieces, Enter Date of Address Matching and Coding 7/15/2011	For Carrier Route Pieces, Enter Date of Address Matching and Coding 7/15/2011	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing	For pieces bearing a simplified address enter date of delivery statistics file or alternative method
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Move Update Method: Ancillary Service Endorsement FASTforward NCOA Link ACS Alternative Method Multiple
 n/a Alternative Address Format OneCode ACS

Parts Completed (Select all that apply)	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S
<input type="checkbox"/> Mailpiece is a product sample. <input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.	1 Subtotal Postage (Add Parts Totals) \$1,949.24
2 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	
3 Incentive/Fee (% or \$0.00) x Total Postage or Pieces as applicable	
4 Incentive/Fee (% or \$0.00) x Total Postage or Pieces as applicable	
5 Permit #	Net Postage Due (Line 1 +/- Lines 2, 3, 4)

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 130	Total Adjusted Postage Permit Imprint

Incentive Claimed: _____

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.

Signature of Mailer or Agent: _____ Printed Name of Mailer or Agent Signing Form: **CONNIE A FRESN/RICHARD BEACH** Telephone: **850.444.6677**

USPS Use Only To be completed in non-Postal/One! sites	Weight of a Single Piece 0. 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		
	Presort Verification Performed? (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Mailing Notified	
USPS Employee's Signature	By (Initials)	Time AM PM	Print USPS Employee's Name

FYI ☺

This will go out Monday the 7th

United States Postal Service
Postage Statement - Standard Mail

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

Mailer	Permit Holder's Name and Address and Email Address, If Any Gulf Power Company One Energy Place Pensacola, FL 32520	Telephone	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) Gulf Power Company Premium Surge Flight #4 One Energy Place Pensacola, FL 32520
	CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

Flight 4

Mailing	Post Office of Mailing Pensacola	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date Aug 10 2010	Federal Agency Cost Code	Statement Seq. No. 150228	No. & Type of Containers <u>0</u> Sacks <u>9</u> 1 ft. Letter Trays <u>25</u> 2 ft. Letter Trays <u>0</u> EMM Letter Trays <u>0</u> Flat Trays <u>0</u> Pallets <u> </u> Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Permit # 263	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	Weight of a single-piece <u>0.0344</u> pounds	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both	Total Pieces 11,243
For Automation Pieces, Enter Date of Address Matching and Coding 8/4/2010		For Carrier Route Pieces, Enter Date of Address Matching and Coding 8/4/2010		For Carrier Route Pieces, Enter Date of Carrier Route Sequencing		For pieces bearing a simplified address enter date of delivery statistics file or alternative method.
Move Update Method:		Ancillary Service Endorsement n/a Alternative Address Format	FASTforward OneCode ACS	<input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS	<input type="checkbox"/> Alternative Method	<input type="checkbox"/> Multiple

Postage	Parts Completed (Select all that apply) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S	Total Postage (Add Parts Totals)	\$2,142.65	
	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	<u> </u> pcs. x \$ <u> </u> = Postage Affixed		
	Net Postage Due (Subtract postage affixed from total postage)			

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 130	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	Printed Name of Mailer or Agent Signing Form	Telephone
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USPS Use Only To be completed in non-Postal/One! sites	Weight of a Single Piece <u> </u> 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 <u> </u> Total Weight <u> </u>				
	Total Postage <u> </u>				
	Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No I CERTIFY that this mailing has been inspected concerning: (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 Mailed Notified	Contact		Round Stamp (Required) Date Mail Released
	USPS Employee's Signature	By (Initials)	Time AM PM		
	Print USPS Employee's Name				

David - FYL only

United States Postal Service
Postage Statement - Standard Mail

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

Maier	Permit Holder's Name and Address and Email Address, If Any Gulf Power Company One Energy Place Pensacola, FL 32520		Telephone	Name and Address of Mailing Agent (If other than permit holder) <i>Flight</i>		Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) Gulf Power Company # Premium Surge Flight One Energy Place Pensacola, FL 32520				
	CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.						
Mailing	Post Office of Mailing Pensacola	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats		Mailing Date Jul 15, 2010	Federal Agency Cost Code	Statement Seq. No. 133105	No. & Type of Containers <u>0</u> Sacks <u>6</u> 1 ft. Letter Trays <u>26</u> 2 ft. Letter Trays <u>0</u> EMM Letter Trays <u>0</u> Flat Trays <u>0</u> Pallets <u> </u> Other				
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a single-piece <u>0.0344</u> pounds		Total Pieces 11,200		Total Weight 385.2800					
	Permit # 263	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail		If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both							
	For Automation Pieces, Enter Date of Address Matching and Coding 7/12/2010		For Carrier Route Pieces, Enter Date of Address Matching and Coding 7/12/2010		For Carrier Route Pieces, Enter Date of Carrier Route Sequencing		For pieces bearing a simplified address enter date of delivery statistics file or alternative method.				
Move Update Method:		Ancillary Service Endorsement n/a Alternative Address Format		FASTforward OneCode ACS		<input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS		<input type="checkbox"/> Alternative Method <input type="checkbox"/> Multiple			
Parts Completed (Select all that apply)		<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S									
Postage		Total Postage (Add Parts Totals)						\$2,523.50			
		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 <u> </u> pcs. x \$ <u> </u> = Postage Affixed									
		Net Postage Due (Subtract postage affixed from total postage)									
USPS Use		Additional Postage Payment (State reason)						Total Adjusted Postage Affixed			
		For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage. Postmaster: Report Total Postage in (Permit Imprint Only) AIC 130						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.									
		<i>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.</i>									
		Signature of Mailer or Agent			Printed Name of Mailer or Agent Signing Form			Telephone			
USPS Use Only To be completed in non-Postal/One! sites		Weight of a Single Piece <u> </u> pound		Are postage figures at left adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No							
		Total Pieces		Total Weight							
		Total Postage									
		Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No I CERTIFY that this mailing has been inspected concerning: (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). USPS Employee's Signature		Date Mailed Notified		Contact		Round Stamp (Required) Date Mail Released			
		By (Initials)		Time		AM PM					
		Print USPS Employee's Name									

USPS Use Only
To be completed in non-Postal/One! sites

David - FYI only

United States Postal Service

Postage Statement - Standard Mail

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

Mailer	Permit Holder's Name and Address and Email Address, If Any Gulf Power Company One Energy Place Pensacola, FL 32520	Telephone	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) Gulf Power Company Premium Surge Flight # 2 One Energy Place Pensacola, FL 32520
	CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

Flight #2

Mailing	Post Office of Mailing Pensacola	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date Jun 14, 2010	Federal Agency Cost Code	Statement Seq. No. 085646	No. & Type of Containers <u>0</u> Sacks <u>3</u> 1 ft. Letter Trays <u>28</u> 2 ft. Letter Trays <u>0</u> EMM Letter Trays <u>0</u> Flat Trays <u>0</u> Pallets <u> </u> Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a single-piece 0.0344 pounds	Total Pieces 11,230	Permit # 263	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Parcel Post <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both
For Automation Pieces, Enter Date of Address Matching and Coding 6/8/2010		For Carrier Route Pieces, Enter Date of Address Matching and Coding 6/8/2010		For Carrier Route Pieces, Enter Date of Carrier Route Sequencing		For pieces bearing a simplified address enter date of delivery statistics file or alternative method.
Move Update Method:		Ancillary Service Endorsement n/a Alternative Address Format	FASTforward OneCode ACS	<input checked="" type="checkbox"/> NCOA Link <input type="checkbox"/> ACS	<input type="checkbox"/> Alternative Method	<input type="checkbox"/> Multiple

Postage	Parts Completed (Select all that apply) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S	Total Postage (Add Parts Totals)	\$2,147.22	
	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	Net Postage Due (Subtract postage affixed from total postage)		

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 130	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.		
	<i>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.</i>		
	Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form	Telephone

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 _____			
	Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No			
I CERTIFY that this mailing has been inspected concerning: (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 Mailed Notified	Contact	Round Stamp (Required) Date Mail Released
		By (Initials)	Time	AM PM
USPS Employee's Signature		Print USPS Employee's Name		

David - FYI only

10 Flight 1

United States Postal Service

Postage Statement - Standard Mail

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

Mailer	Permit Holder's Name and Address and Email Address, If Any Gulf Power Company One Energy Place Pensacola, FL 32520	Telephone	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) Gulf Power Company # Premium Surge Flight One Energy Place Pensacola, FL 32520
	CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

Mailing	Post Office of Mailing Pensacola	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> CR Letters - Paid as CR Flats	Mailing Date May 17, 2010	Federal Agency Cost Code	Statement Seq. No. 122818	No. & Type of Containers <u>0</u> Sacks <u>4</u> 1 ft. Letter Trays <u>27</u> 2 ft. Letter Trays <u>0</u> EMM Letter Trays <u>0</u> Flat Trays <u>0</u> Pallets Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a single-piece <u>0.0344</u> pounds	Total Pieces 11,243	Total Weight 386.7592		
Permit # 263	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	<input type="checkbox"/> Periodicals <input type="checkbox"/> Parcel Post	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both			
For Automation Pieces, Enter Date of Address Matching and Coding 5/10/2010	For Carrier Route Pieces, Enter Date of Address Matching and Coding 5/10/2010	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing	For pieces bearing a simplified address enter date of delivery statistics file or alternative method.			
Move Update Method:	Ancillary Service Endorsement n/a Alternative Address Format	FASTforward OneCode ACS	<input checked="" type="checkbox"/> NCOA Link	<input type="checkbox"/> ACS	<input type="checkbox"/> Alternative Method	<input type="checkbox"/> Multiple

Parts Completed (Select all that apply) A B C D E F G H I J K L S

Total Postage (Add Parts Totals)	\$2,142.94
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
Net Postage Due (Subtract postage affixed from total postage)	

USPS Use	Additional Postage Payment (State reason)	Total Adjusted Postage Affixed
	For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage. Postmaster: Report Total Postage in (Permit Imprint Only) AIC 130	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	Printed Name of Mailer or Agent Signing Form	Telephone
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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 _____		
	Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No I CERTIFY that this mailing has been inspected concerning: (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).		
USPS Employee's Signature _____	Date Mailed Notified _____ Contact _____ By (Initials) _____ Time _____ AM _____ PM	Round Stamp (Required) Date Mail Released _____	
	Print USPS Employee's Name _____		

United States Postal Service
Postage Statement - Standard Mail

David - FYI only
 Post Office: Note Mail Arrival Date & Time
 (Do Not Round Stamp)

Mailer	Permit Holder's Name and Address and Email Address, If Any Gulf Power Company One Energy Place Pensacola, FL 32520	Telephone	Name and Address of Mailing Agent (If other than permit holder) Gulf Power Company Connie A. Fresn One Energy Place Pensacola, FL 32520-0071 cafresn@southernco.com	Telephone 850.444.6677	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) Gulf Power Company # Premium Surge Flight One Energy Place Pensacola, FL 32520
	CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

Mailing	Post Office of Mailing Pensacola	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> ECR Letters - Paid as ECR Flats	Mailing Date May 11, 2009	Federal Agency Cost Code	Statement Seq. No. 082135	No. & Type of Containers 0 Sacks 7 1 ft. Letter Trays 32 2 ft. Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a single-piece 0.0344 pounds	Total Pieces 14,978	Total Weight 515.2432		
Permit # 263	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	<input type="checkbox"/> Periodicals <input type="checkbox"/> Parcel Post	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both			
For Automation Price Pieces, Enter Date of Address Matching and Coding 5/5/2009		For Enhanced Carrier Route Price Pieces, Enter Date of Address Matching and Coding 5/5/2009		For Enhanced Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing		

Move Update Method: Ancillary Service Endorsement FASTforward NCOA Unk ACS Alternative Method Multiple

Parts Completed (Select all that apply) A B C D E F G H I J K L S

Total Postage (Add parts Totals)	\$2,851.52
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 19¢ each
Net Postage Due (Subtract postage affixed from total postage)	
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 130	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 that 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.

Signature of Mailer or Agent: **Connie A. Fresn**
 Printed Name of Mailer or Agent Signing Form: **Connie A. Fresn**
 Telephone: **850.444.6677**

USPS Use Only	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	
	Total Pieces _____ Total Weight _____		
	Total Postage _____		
	Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I CERTIFY that this mailing has been inspected concerning: (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 Mailed Notified	Contact
USPS Employee's Signature _____	Print USPS Employee's Name _____	Time _____	AM PM

Postage Statement - Standard Mail

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

Mailer	Permit Holder's Name and Address and Email Address, if Any Gulf Power Company One Energy Place Pensacola, FL 32520	Telephone	Name and Address of Mailing Agent (If other than permit holder) Gulf Power Company Connie A. Fresn One Energy Place Pensacola, FL 32520-0071 cafresn@southernco.com	Telephone 850.444.6677	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) Gulf Power Company #3 Premium Surge Flight One Energy Place Pensacola, FL 32520
	CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

Mailing	Post Office of Mailing Pensacola	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> ECR Letters - Paid as ECR Flats	Mailing Date Jun 19, 2009	Federal Agency Cost Code	Statement Seq. No. 075031	No. & Type of Containers <u>0</u> Sacks <u>3</u> 1 ft. Letter Trays <u>24</u> 2 ft. Letter Trays <u>0</u> EMM Letter Trays <u>0</u> Flat Trays <u>0</u> Pallets Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled <input type="checkbox"/> Stamps <input type="checkbox"/> Metered	Weight of a single-piece <u>0.0344</u> pounds	Total Pieces 9,965	Permit # 263	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Library <input type="checkbox"/> Media <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Mail <input type="checkbox"/> Parcel Post	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both
For Automation Price Pieces, Enter Date of Address Matching and Coding 6/11/2009		For Enhanced Carrier Route Price Pieces, Enter Date of Address Matching and Coding 6/11/2009		For Enhanced Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing		

Move Update Method: Ancillary Service Endorsement FASTforward NCOA Link ACS Alternative Method Multiple

Parts Completed (Select all that apply) A B C D E F G H I J K L S

Total Postage (Add parts Totals)		\$2,328.26
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		
Net Postage Due (Subtract postage affixed from total postage)		
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 130	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 that 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	Printed Name of Mailer or Agent Signing Form Connie A. Fresn	Telephone 850.444.6677
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USPS Use Only	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	
	Total Pieces _____ Total Weight _____		
	Total Postage _____		
	Presort Verification Performed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I CERTIFY that this mailing has been inspected concerning: (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 Mailed Notified	Contact
USPS Employee's Signature	Print USPS Employee's Name	Time	AM PM

David - FYI only

United States Postal Service
Postage Statement - Standard Mail

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

Mailer	Permit Holder's Name and Address and Email Address, If Any Gulf Power Company One Energy Place Pensacola, FL 32520	Telephone	Name and Address of Mailing Agent (If other than permit holder) Gulf Power Company Connie A. Fresn One Energy Place Pensacola, FL 32520-0071 cafresn@southernco.com	Telephone 850.444.6677	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) Gulf Power Company Premium Surge Flight One Energy Place Pensacola, FL 32520
	CAPS Cust. Ref. No. Customer No.		Customer No.		# 4 Customer No.

Mailing	Post Office of Mailing Pensacola	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> ECR Letters - Paid as ECR Flats	Mailing Date Jul 24, 2009 23	Federal Agency Cost Code	Statement Seq. No. 164341	No. & Type of Containers 0 Sacks 8 1 ft. Letter Trays 22 2 ft. Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a single-piece 0.0344 pounds	Total Pieces 9,977	Total Weight 343.2088		
Permit # 263	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	<input type="checkbox"/> Periodicals <input type="checkbox"/> Parcel Post	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both			

For Automation Price Pieces, Enter Date of Address Matching and Coding 7/20/2009	For Enhanced Carrier Route Price Pieces, Enter Date of Address Matching and Coding 7/20/2009	For Enhanced Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing
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Move Update Method: Ancillary Service Endorsement FASTforward NCOA Link ACS Alternative Method Multiple

Parts Completed (Select all that apply) A B C D E F G H I J K L S

Total Postage (Add parts Totals) \$1,921.48

Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps.
 Correct Lowest Neither

Net Postage Due (Subtract postage affixed from total postage)

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 130** **Total Adjusted Postage Permit Imprint**

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 that 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.

Signature of Mailer or Agent: **Connie A. Fresn**
Printed Name of Mailer or Agent Signing Form: **Connie A. Fresn**
Telephone: **850.444.6677**

Weight of a Single Piece _____ pound
Total Pieces _____ Total Weight _____
Total Postage _____

Are postage figures at left adjusted from mailer's entries? If "Yes," reason: Yes No

Presort Verification Performed? (Check One)
 Yes No
I CERTIFY that this mailing has been inspected concerning:
(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)

USPS Employee's Signature _____
Date Mailed Notified _____ Contact _____ By (Initials) _____
Print USPS Employee's Name _____ Time _____ AM _____ PM _____

Round Stamp (Required)
Date Mailed Released _____

David-FYI only

United States Postal Service
Postage Statement - Standard Mail

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

Mailer	Permit Holder's Name and Address and Email Address, If Any Gulf Power Company One Energy Place Pensacola, FL 32520	Telephone	Name and Address of Mailing Agent (If other than permit holder) Gulf Power Company Connie A. Fresn One Energy Place Pensacola, FL 32520-0071 cafresn@southernco.com	Telephone 850.444.6677	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) Gulf Power Company #5 Premium Surge Flight One Energy Place Pensacola, FL 32520
	CAPS Cust. Ref. No. Customer No.		Customer No.		Customer No.

Mailing	Post Office of Mailing Pensacola	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> NFM <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> Letters - Paid as Nonauto Flats <input type="checkbox"/> ECR Letters - Paid as ECR Flats	Mailing Date Aug 14, 2009	Federal Agency Cost Code	Statement Seq. No. 094819	No. & Type of Containers 0 Sacks 4 1 ft. Letter Trays 24 2 ft. Letter Trays 0 EMM Letter Trays 0 Flat Trays 0 Pallets 0 Other
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a single-piece 0.0344 pounds	Total Pieces 9,988	Total Weight 343.5872		

For Automation Price Pieces, Enter Date of Address Matching and Coding 8/7/2009	For Enhanced Carrier Route Price Pieces, Enter Date of Address Matching and Coding 8/7/2009	For Enhanced Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing
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Move Update Method: Ancillary Service Endorsement FASTforward NCOA Link ACS Alternative Method Multiple

Parts Completed (Select all that apply) A B C D E F G H I J K L S

Total Postage (Add parts Totals) \$1,904.80

Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps.
 Correct Lowest Neither **pcs. x \$ = Postage Affixed**

Net Postage Due (Subtract postage affixed from total postage)

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 **AIC 130** **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 that 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.

Signature of Mailer or Agent: **Connie A. Fresn** Printed Name of Mailer or Agent Signing Form Telephone: **850.444.6677**

Weight of a Single Piece _____ pound Are postage figures at left adjusted from mailer's entries? If "Yes," reason: Yes No

Total Pieces _____ Total Weight _____ Total Postage _____

Presort Verification Performed? (Check One) Yes No
I CERTIFY that this mailing has been inspected concerning:

- (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)

USPS Employee's Signature _____ Date Mailed _____ Contact _____ By (Initials) _____

Print USPS Employee's Name _____ Time _____ AM _____ PM _____

The Executive (User: Reid Elaine M.)

File Open View Window Manifest Help

Attach
 Miles
 Extras
 Ship Info
 Profiles
 Print
 Split Bill
 Purch.
 Cost
 Views

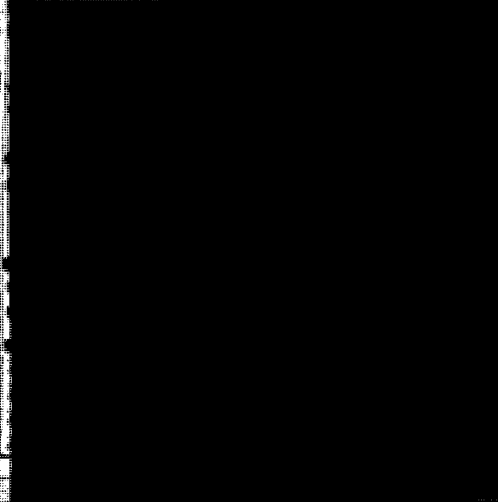
Run
 Edit
 Add
 Delete
 Refresh
 Print

Job Number: Search
 All Jobs: Job Number:

Search By Job Number

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Job	Description	Customer
782724	2011 Premium Surge	Handyman, D...
782725	2011 Premium Surge	Handyman, D...



Job: 782724 Estimate:

Customer: DEHINDSM
Handyman David E

Phone Date: Mar 3 2011

Invoice #/Date: 782724 / Jun 27 2011

SalesRep: Reid Elaine M

Description: 2011 Premium Surge

Active

Last Task: G A 303 PRESS HEAD

Job Status: Invoiced

Product Type: Color Copy - Fasy

Machine: Not Found

P.O. Number:

Qty Ordered: Show GF Messages

Qty Invoiced:

Price Quoted: 0.00 Notes

Selling Price: 1,206.04

Costs	Labor	Material	Purchases
	1,206.04	0.00	0.00

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-693

SalesRep EMR Reid Elaine M.

Start Date : Mar-03-201
Promise Date : Mar-03-201

Product Type Desktop Design

Quantity ordered:

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
2011 Premium Surge				1	\$109.6400	\$109.64
MISC.						\$109.64
					Total Price	\$109.64

Attach Misc. Details Ship Info Profiles Print Sp&B Purch. Cost Views

Job Number [dropdown] Search

All Jobs [dropdown] Job Number

Search By Job Number

Job	Description	Customer
782723	2011 Premium Surge	Hindsman, David E
782724	2011 Premium Surge	Hindsman, David E
782725	2011 Premium Surge	Hindsman, David E

1-5-11-5:00-0-0-16-14-13-2

Job: 782723

Customer: DEHINDSM
Hindsman, David E

Invoice Date: Mar 3 2011
Invoice #/Date: 782723 / May 3 2011

Sales Rep: Reid Elaine M.

Description: 2011 Premium Surge

Active

Last Task

Job Status: Invoiced

Product Type: Desktop Design

Machine: Not Found

P.O. Number

Qty Ordered: 1

Qty Shipped: 1

Price Quoted: 1,095.64

Selling Price: 1,095.64

Costs	Labor	Material	Purchases
	0.00	0.00	0.00

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-6931

SalesRep EMR Reid Elaine M.

Start Date : Mar-03-2011

Product Type Desktop Design

Promise Date : Mar-03-2011

Quantity ordered: 1

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	2011 Premium Surge			1	\$109.6400	\$109.64
	MISC.					\$109.64
					Total Price	\$109.64

4

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-693

SalesRep EMR Reid Elaine M.

Start Date : Feb-16-2010

Product Type Desktop Design

Promise Date : Feb-16-2010

Quantity ordered: 1

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	Premium Sruge Direct Mail - 2010			1	\$54.8200	\$54.82
	MISC.					\$54.82
					Total Price	\$54.82

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-6931

SalesRep EMR Reid Elaine M.

Product Type Mailing Lists

Start Date : Apr-08-2010
Promise Date : Apr-08-2010
Quantity ordered: 11,250

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	5/17/10 Mail out - Premium Surge			11,250	\$0.0500	\$562.15
DAA	Docutech Not formatted					\$562.15
					Total Price	\$562.15

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-693

SalesRep EMR Reid Elaine M.

Start Date : Jun-08-2010

Product Type Copy-Docutech

Promise Date : Jun-08-2010

Quantity ordered: 1

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	Surge 2 mailing			1	\$561.5000	\$561.50
DAA	Docutech Not formatted					\$561.50
					Total Price	\$561.50

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-6931

SalesRep EMR Reid Elaine M.

Start Date : Jul-26-2010

Product Type Copy-Docutech

Promise Date : Jul-26-2010

Quantity ordered: 11,200

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	Premium Surge Letter			11,200	\$0.0500	\$560.00
DAA	Docutech Not formatted					\$560.00
					Total Price	<u>\$560.00</u>



The Executive (User: Reid Elaine M.)

File Open View Window Manifest Help

Attach
 Misc.
 Labels
 Ship Info
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Job Number
 All Jobs

Search By Job Number

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Job	Description	Customer
781780	Letter - Premium Surge 3	Hindman, David E

Job	781780	Estimate	
Customer	DEHINDSAM		
	Hindman, David E		
Phone Date	Jul 12 2010		
Invoice B/D Date	781780	/	Aug 2 2010
Sales Rep	Reid Elaine M.		
Description	Letter - Premium Surge 3		
	Letter		
Last Task			
Job Status	Invoiced		
Product Type	Copy-Docutech		
Machine	Not Found		
P.O. Number			
Qty Ordered			<input type="checkbox"/> Show SF Message
Qty Shipped			<input type="checkbox"/> Notes
Price Quoted	120.00		
Selling Price	120.00		
Costs	Label	Material	Finishes
	0.00	0.00	0.00

Start
 Inbox - Micr...
 Gulf Power C...
 DocuTech S...
 QuarkXPress...
 Southernc...

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-693

SalesRep EMR Reid Elaine M.

Product Type Desktop Design

Start Date : Aug-27-201
Promise Date : Aug-27-201
Quantity ordered: 2,00

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	premium Surge Welcome Kits			2,000	\$0.4000	\$800.00
GAA	Docucolor/Color Not formatted					\$800.00
					Total Price	\$800.00

The Executive (User: Reid Elaine M.)

File Open View Window Manifest Help

Attach
 Miles
 Details
 Ship Info
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 Print
 Split Bill
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Job Number: Search
 All Jobs: Job Number

Search By Job Number

Job	Description	Customer
781776	Premium Surge 3	Hindman, David
781780	Letter - Premium Surge 3	Hindman, David

781776-781780-781781-781782-781783-781784-781785-781786-781787-781788-781789-781790-781791-781792-781793-781794-781795-781796-781797-781798-781799-781800-781801-781802-781803-781804-781805-781806-781807-781808-781809-781810-781811-781812-781813-781814-781815-781816-781817-781818-781819-781820-781821-781822-781823-781824-781825-781826-781827-781828-781829-781830-781831-781832-781833-781834-781835-781836-781837-781838-781839-781840-781841-781842-781843-781844-781845-781846-781847-781848-781849-781850-781851-781852-781853-781854-781855-781856-781857-781858-781859-781860-781861-781862-781863-781864-781865-781866-781867-781868-781869-781870-781871-781872-781873-781874-781875-781876-781877-781878-781879-781880-781881-781882-781883-781884-781885-781886-781887-781888-781889-781890-781891-781892-781893-781894-781895-781896-781897-781898-781899-781900-781901-781902-781903-781904-781905-781906-781907-781908-781909-781910-781911-781912-781913-781914-781915-781916-781917-781918-781919-781920-781921-781922-781923-781924-781925-781926-781927-781928-781929-781930-781931-781932-781933-781934-781935-781936-781937-781938-781939-781940-781941-781942-781943-781944-781945-781946-781947-781948-781949-781950-781951-781952-781953-781954-781955-781956-781957-781958-781959-781960-781961-781962-781963-781964-781965-781966-781967-781968-781969-781970-781971-781972-781973-781974-781975-781976-781977-781978-781979-781980-781981-781982-781983-781984-781985-781986-781987-781988-781989-781990-781991-781992-781993-781994-781995-781996-781997-781998-781999-782000

Job: 781776 Estimate:
 Customer: GEHEINISM
 Hindman, David E.
 Promise Date: Jul 12, 2010
 Invoice M/Date: 781776 / Aug 3, 2010
 Sales Rep: Reid Elaine M.
 Description: Premium Surge 3
 Activity:
 Last Task: R & B/D MAIL INSERT
 Job Status: Invoiced
 Product Type: Mailing Lists
 Machine: Not Found
 P.O. Number:
 Qty Ordered:
 Qty Shipped:
 Price Quoted: 0.00
 Billing Price: 4.38 56
 Show Of Messages
 Notes

Costs	Labor	Material	Purchase
	4.38 56	0.00	0.00

Start
 Inbox - Micr...
 Gulf Power C...
 DocuTech S...
 QuarkXPress...
 Southernc...

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-6931

SalesRep EMR Reid Elaine M.

Start Date : Oct-12-2010

Product Type Door Hanger

Promise Date : Oct-12-2010

Quantity ordered: 2,000

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	Surge Door Hanger			2,000	\$0.0500	\$100.00
DAA	Docutech Not formatted					\$100.00
					Total Price	<u>\$100.00</u>

Status: Invoiced

Customer DEHINDSM Hindsman,David E
SalesRep EMR Reid Elaine M.
Product Type Color Copy - Fiery

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-693

Start Date : Jun-03-2009
Promise Date : Jun-03-2009
Quantity ordered: 1

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	SP Agreements and envelopes			1	\$100.0000	\$100.00
AAA	Docutech Text 8.5 x 11 1 Side					\$100.00
					Total Price	<u>\$100.00</u>

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-693-

SalesRep EMR Reid Elaine M.

Start Date : May-04-2009

Product Type Copy-Docutech

Promise Date : May-04-2009

Quantity ordered: 1

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
Surge Letters				1	\$750.0000	\$750.00
AAA	Docutech Text 8.5 x 11 1 Side					\$750.00
					Total Price	<u>\$750.00</u>

Search By Job Number

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Job	Description	Customer
262115	2009 Premium Surge Mat	Hindman, David E

Job: 262115

Customer: DEHINDSM
Hindman, David E

Invoice Date: Feb 13 2009

Invoice #/Date: 262115 / May 4 2009

Customer: Reid Elaine M.

Description: 2009 Premium Surge Mat Piece

Lead Text: A 401 BINDERY CUTTER

Job Status: Invoiced

Product Type: Desktop Design

Machine: Not Found

P.O. Number:

Qty Ordered: 50.000

Qty Shipped: 50.000

Price Quoted: 0.00

Selling Price: 665.25

Costs	Labour	Material	Purchases
	665.25	0.00	0.00

The Executive (User: Reid Elaine M.)

File Open View Window Manifest Help

Attach Mics Details Ship Info Profiles Print Split Bill Purch. Cost Views

Job Number [] Search
All Jobs [] Job Number []

Search By Job Number

Job	Description	Customer
779950	Surge Letters	Hindman, David E
779951	Surge Mailout	Hindman, David E

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Job	779950	Estimate	
Customer	DEHINDSM		
	Hindman, David E		
Promise Date	May 4 2009		
Invoice #/Date	779950	Jun 1 2009	
SalesRep	Reid Elaine M.		
Description	Surge Letters		
Invoice			
Last Task	R. A 607 MAIL INSERT		
Job Status	Invoiced		
Product Type	Copy-Doc/tech		
Machine	Not Found		
F.O. Number			
Qty Ordered		Show SF Messages	
Qty Shipped		Notes	
Price Quoted	750.00		
Selling Price	1,243.00		
Color	Label	Material	Purchase
	493.30	0.00	0.00

Status: Invoiced

Customer DEHINDSM Hindsman,David E Corp Off-One Energy Place Tel: (8-) 420-693
BIN 0231
SalesRep EMR Reid Elaine M. Start Date : Jun-03-2009
Product Type Envelopes Promise Date : Jun-03-2009
Quantity ordered: 1,000

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	SP Return envelopes			1,000	\$0.1000	\$104.52
MISC.	Vowell's					\$104.52
					Total Price	<u>\$104.52</u>

Status: Invoiced

Customer DEHINDSM Hindsman,David E Corp Off-One Energy Place Tel: (8-) 420-693
BIN 0231
SalesRep EMR Reid Elaine M. Start Date : May-20-2009
Product Type Mailing Lists Promise Date : May-20-2009
Quantity ordered: 8,500

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
Mailing				8,500	\$0.0900	\$748.05
AAA	Docutech Text 8.5 x 11 1 Side					\$748.05
					Total Price	<u>\$748.05</u>

The Executive (User: Reid Elaine M.)

File Open View Window Manifest Help

Attach
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 Split Bill
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 Cost
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 Search:

All Jobs
 Job Number:

Search By Job Number [X]

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Job	Description	Customer
780114	Wave 3	Hindman, David

Job	780114	Estimate	
Customer	DEHINDSM		
	Hindman, David E		
Promise Date	Jun 10 2009		
Invoice #/Date	780114		Jul 2 2009
Sales Rep	Reid Elaine M.		
Description	Wave 3		
Invoice	<input type="checkbox"/>		
Last Test	K A 600 MAIL COMP S/U		
Job Status	Invoiced		
Product Type	Mailing Lists		
Machine	Not Found		
F.D. Number			
Qty Ordered	10,000		<input type="checkbox"/> Show SF Messages
Qty Shipped	10,000		
Price Quoted	0.00		<input type="checkbox"/> Notes
Selling Price	62.23		
Cost	Labo	Material	Purchases
	62.23	0.00	0.00

Status: Invoiced

Customer DEHINDSM Hindsman,David E Corp Off-One Energy Place Tel: (8-) 420-693
BIN 0231
SalesRep EMR Reid Elaine M. Start Date : Jul-22-200
Product Type Mailing Lists Promise Date : Jul-22-200
Quantity ordered:

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	Premium Surge			1	\$104.5200	\$104.52
	MISC.					\$104.52
					Total Price	<u>\$104.52</u>

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-693

SalesRep EMR Reid Elaine M.

Product Type Copy-Docutech

Start Date : Jul-24-2009
Promise Date : Jul-24-2009
Quantity ordered: 9,997

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	Prem. Surge - set 2 Of 1			9,997	\$0.0500	\$499.85
AAA	Docutech Text 8.5 x 11 1 Side					\$499.85
					Total Price	<u>\$499.85</u>

The Executive (User: Reid Elaine M.)

File Open View Window Manifest Help

Attach
 Mktg.
 Detail
 Ship Info
 Profiles
 Print
 Split Bill
 Purch.
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New
 Edit
 Add
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 Refresh
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Job Number:

All Jobs
 Job Number:

Search By Job Number

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Job	Description	Customer
781954	Comm Surge Welcome	Hindman, David E

Job: 781954 Estimate:

Customer: DEHINDSM
 Hindman, David E

Promise Date: Aug 31 2010

Invoice #/Date: 781954 / Oct 4 2010

Sales Rep: Reid Elaine M.

Description: Comm Surge Welcome Packet
 Active

Last Task:

Job Status: Invoiced

Product Type: Desktop Design

Machine: Not Found

P.O. Number:

Qty Ordered: Show SF Messages

Qty Shipped: Notes

Price Quoted: 1.20 00

Selling Price: 1.20 00

Cost	Labor	Material	Purchase
	0.00	0.00	0.00

Status: Invoiced

Customer DEHINDSM Hindsman,David E

Corp Off-One Energy Place
BIN 0231

Tel: (8-) 420-693

SalesRep EMR Reid Elaine M.

Start Date : Sep-01-2009

Product Type Color Copy - Fiery

Promise Date : Sep-01-2009

Quantity ordered: 1

Code	Description	Originals	Copies	Quantity	Unit Price	Extended
	Protection brochure			1	\$1,955.2000	\$1,955.20
BAA	Docucolor40 Not formatted					\$1,955.20
					Total Price	\$1,955.20

dup

The Executive (User: Reid Elaine M.)

File Open View Window Manifest Help

Attach Miles Details Ship Info Profiles Print Split Bill Purch Cost Views

Job Number [dropdown] Search
All Jobs [dropdown] Job Number [input]

Search By Job Number

Job	Description	Customer
700315	Commercial Surge Mail	Handyman, D...

11-16-08 11-17-08 11-18-08 11-19-08 11-20-08 11-21-08 11-22-08 11-23-08 11-24-08 11-25-08 11-26-08 11-27-08 11-28-08 11-29-08 11-30-08

Job: 700315 Estimate: [input]

Customer: DEHINDSM
Handyman David E

Invoice Date: Jul 24 2009
Invoice #/Date: 700315 / Sep 1 2009

Sales Rep: Reid Elaine M

Description: Commercial Surge Mail Brochure

Product: [input]

Last Task: 1A 402 BINDERY FOLDER

Job Status: Invoiced

Product Type: Brochure

Machine: Not Found

PO# Number: [input]

Qty Ordered: 1,000
Qty Shipped: 1,000

Price Quoted: 0.00
Sales Price: 493.30

Costs: Labor: 493.30 Material: 0.00 Purchases: 0.00

Show SF Messages
Notes