United States Postal Service®
Application for Nonprofit Standard Mail Rates
at Additional Mailing Office

Part 1 (For completion by applicant)

1. Complete Name of Organization

2. Street Address of Organization (Number, street, apartment or suite number, city, state, and ZIP+4®)

3. Name of Applicant (Must represent applying organization)

4. Telephone Number (Include area code)

5. Is this organization exempt from federal income tax? If 'Yes,' indicate section of Internal Revenue Service (IRS) code under which it is exempt.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>501(c)</th>
<th>Other</th>
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6. Post office where original Nonprofit Standard Mail authorization granted and on which this application is based (City, state, ZIP Code™)

7. Authorization number for original authorization, if known (shown in upper right corner of your original office of mailing authorization letter)

8. Post office (not a station or branch) where additional authorization is requested and bulk mailings will be made (City, state, ZIP Code)

9. Estimated date of first mailing at additional mailing office

10. Name, address, contact person, and area code/telephone number of printer or agent who will present mailings to additional mailing office

11. Signature of Applicant

12. Title

13. Date

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

1. Check here if authorized by telephone and enter the additional mailing office authorization number issued by the Nonprofit Service Center.

2. Signature of Postmaster (Or designated representative)

3. Date ApplicationFiled With Post Office (Round stamp)

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

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).

Please be sure all information is complete. Please type or print legibly.

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.

Send applications not processed by telephone to:
Pricing and Classification Service Center
PO BOX 3623
NEW YORK NY 10008-3623

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PS Form 3623, July 2005 (PSN 7530-02-000-9027)