

PRINT RECEIPT

PANAPRINT

7979 NE Industrial Blvd
Macon, GA 31216
Phone: 478-788-0676
Fax: 478-788-4276

BILL TO:

Space Coast Business, LLC
PO Box 410901
Melbourne, Florida 32940

JOB NUMBER:

146957

INVOICE NUMBER:

146957-1

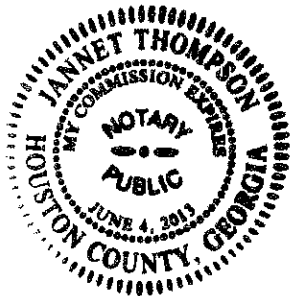
SHP DATE:

Jan-3-2012

INVOICE DATE:

Dec-29-2011

QUANTITY	UNIT	DESCRIPTION
10,000	EA	SpaceCoast Business Magazine January 2012; 80 Pages + Cover
		Mailing: 6,826
		Bulk: 3,174
		Quantities have been verified



Jannet Thompson
Jannet Thompson, Notary

Postage Statement -- Standard Mail

Transaction Number: 201136212081815 M1	CAPS Transaction Number:	Postage Statement Number: 126956275
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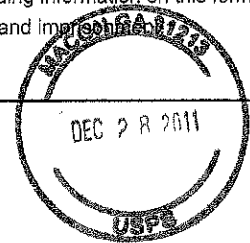
Mailing Group	Mailing Group ID 102936591	Mailing Job Number	Open Date 12-28-2011
	Preparer 43-PI-PANAPRINT, INC	Origin PSW - Mailer Entered	Close Date
	Job Description		

Mailer	Permit Holder's Name and Address and Email Address, If Any PANAPRINT, INC 7979 NE INDUSTRIAL BLVD MACON, GA 31216-7742 Contact Name: INGRID O'NEAL (478)788-0676 IONEAL@PANAPRINT.COM CAPS Customer Ref. No: 146957 Space Coast Business CRID: 4706098	Name and Address of Mailing Agent (If other than permit holder) PANAPRINT, INC 7979 NE INDUSTRIAL BLVD MACON, GA 31216-7742 Contact Name: INGRID O'NEAL (478)788-0676 IONEAL@PANAPRINT.COM CRID: 4706098	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) PANAPRINT, INC 7979 NE INDUSTRIAL BLVD MACON, GA 31216-7742 Contact Name: INGRID O'NEAL (478)788-0676 IONEAL@PANAPRINT.COM CRID: 4706098
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Mailing	Post Office of Mailing MACON GA 31213-9998	Processing Category Flats	Mailer's Mailing Date 12/28/11	Federal Agency Cost Code	Statement Seq. No.	No. & type of Containers Sacks: 1 1 ft. Letter Trays: 0 2 ft. Letter Trays: 0 EMM Letter Trays: 0 Flat Trays: 0 Pallets: 8 Other: 0
	Type of Postage Permit Imprint		Weight of a Single Piece 0.4443 lbs.		Total Pieces 6,826	
	Permit # 43	For Mail Enclosed Within Another Class		If Sacked, Based On []125 pcs []15lbs. []Both	Total Weight 3032.7918 lbs.	
	For Automailon Rate Pieces, Enter Date of Address Matching and Coding 12/19/11	For Carrier Route Pieces, Enter Date of Address Matching and Coding 12/19/11	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing 12/19/11		For pieces bearing a simplified address enter date of delivery statistics file or alternative method / /	
	Move Update Method: Alternative Method					

Postage	Parts Completed D, E, F	
	<input type="checkbox"/> Mailpiece is a product sample.	Subtotal Postage (Add parts totals)
	<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disc.	
	Completes if the mailing includes pieces bearing metered or precanceled stamps. Rate at Which Postage Affixed (Check one) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither	_____ pcs. x \$ _____ = Postage Affixed
	Incentive/Fee _____ (% or \$0.00) x Total Postage or Pieces as applicable	Net Postage Due
For USPS Use Only: Additional Postage Payment (State reason)		
Total USPS Adjusted Postage		

Certification	Incentive Claimed: _____
	The mailer certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent certifies that he or she is authorized on behalf of the mailer then that 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.
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