

**Exhibit 11****MAC™ Gold Manifest Mailing System Application**

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|---|--|
| Mailer Name and Address (Street, City, State, ZIP+4)            | Name of mailer representative responsible for your manifest system |
| Mailer ID (MID) (MID required for use of confirmation services) | Phone Number<br>(      )   |
| e-mail Address  | FAX<br>(      )  |

By signing this application you are agreeing to the terms and conditions of the MAC™ Gold Authorization as listed on pages 2 and 3 of this application. A letter of authorization will be sent to you after the District Post Office has conducted a review of your system.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check ONLY the options that are applicable to your system.

- |   |  |
|---|--|
| <input type="checkbox"/> First-Class Mail (Retail Price)  | <input type="checkbox"/> Insured   |
| <input type="checkbox"/> Priority Mail (Commercial or Commercial Plus Prices)                     | <input type="checkbox"/> Signature Confirmation                              |
| <input type="checkbox"/> Flat-Rate Envelope <input type="checkbox"/> Regular/Medium Flat-Rate Box | (If either Confirmation Service is checked PS Form 1357-S must be included.) |
| <input type="checkbox"/> Small Flat-Rate Box <input type="checkbox"/> Large Flat-Rate Box         |  |
| <input type="checkbox"/> Large Flat-Rate Box APO/FPO  |  |
| <input type="checkbox"/> Parcel Select Ground   |  |

## 1. MAC™ Gold Product Information

Product Name and Version Number: \_\_\_\_\_  
 Scale Manufacturer and Model: \_\_\_\_\_  
 Printer Manufacturer and Model: \_\_\_\_\_  
 Product Supplier/Installer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

2. Will this system be installed at multiple mailing sites? ☐ Yes ☐ No  
 If yes, please submit a separate application (with required documentation) for each mailing site.

3. Post Office where permit imprint advance deposit account is authorized and permit number.  
 (Note: Advance deposit account and permit imprint number required before submission of this application.)

City/State/ZIP+4: \_\_\_\_\_ Permit Imprint # \_\_\_\_\_

4. Daily Est. Volume: \_\_\_\_\_ Pieces \_\_\_\_\_ Weight (Lbs.) **Note:** Each mailing must be at least 50 pieces or 50 pounds.

5. If using Confirmation Services, select the method you will use to transmit the electronic files.

☐ Internet FTP    ☐ FTP Dial-up (modem) – Files will be sent: ☐ Zipped    ☐ Unzipped

6. What days would you like to present your manifest mailings? [circle day(s)]

M    Tu    W    Th    F    Sa

7. What date would you like to begin manifesting your mail? \_\_\_\_\_  
 (Note: Please allow 5 days for application processing.)

Please submit: 1) This signed application and  
 2) Form 1357-S (if using Confirmation Services) to the  
 MAC™ Gold Department at the address to the right. You will be  
 contacted by a Postal Service representative in your area to confirm  
 the receipt of this application and to finalize your start-up date.

**MAC™ Gold Department**  
**National Customer Support Center**  
**United States Postal Service**  
**225 N Humphreys Blvd Ste 501**  
**Memphis TN 38188-1001**

## Terms and Conditions for Use of a MAC™ Gold Manifest Mailing System

1. All software and hardware components of this Manifest mailing System are MAC™ Gold certified. Use of non-certified components will nullify this authorization.
2. Mailings submitted as part of an MMS require a unique identification number printed on each mailpiece. Numbers may not be duplicated in a mailing and must appear sequentially in ascending order on the manifest.
3. Your company will ensure that the manifest(s) accurately represents the mailing including the number of pieces presented, postage computations and preparation. If the Postal Service determines through its sampling process that postage is understated by more than 1.5%, additional postage will be charged. No adjustments will be made for overstatement of postage.
4. Your company agrees to comply with the following quality control procedures described below to ensure the accuracy of postage computations:
  - a) Ensure that scales used to establish the package weights are maintained to the manufacturer's specifications. Proof of this maintenance must be submitted to the administering Post Office.
  - b) Count all pieces submitted with the manifest and compare that count to the summary totals on the manifest. Ensure that the amounts agree with the data reported on the appropriate postage statement(s) before these documents are submitted to the Postal Service.
5. If mailings submitted contain ongoing quality problems, the Postal Service reserves the right to require your company to implement other reasonable and appropriate quality control measures.
6. When presenting mail to the Postal Service for verification, you must provide:
  - a) The most current official computerized facsimile postage statement or by Postal Wizard.
  - b) The manifest in hardcopy or electronic media.
  - c) PS Forms 3877 and 3152. (These forms are generated automatically as part of the manifest when Confirmation Services are used.)
7. Your company will retain the manifest listing, summary and a copy of postage statements for 90 days from the date of mailing and make them available for inspection by the Postal Service within 48 hours on request. The manifest listing and summary may be retained electronically.
8. If your company relocates or has a change in ownership or makes any modification or any adjustment to the computerized system used for the preparation of mailings that might affect either the generation of required mailing documentation or mail preparation, your company will need to provide written notice—at least 7 days in advance—to the Postal Service.
9. On occasion, Postal Service representatives will need reasonable access to mail preparation areas to observe mail production and verify mailing records. As part of this process, we may request assistance in conducting periodic monitoring and review of this MMS. The review will include, but is not limited to, procedures for handling damaged and withdrawn pieces, for quality control and corrective actions, and production of accurate documentation.
10. If your company requests a postage refund or any adjustment to the advance deposit account for postage underpayment, the request must be submitted to the following email address: **[SPPSRefunds@usps.gov](mailto:SPPSRefunds@usps.gov)** and must document and clearly explain the reason for the discrepancy and corrective action taken to ensure it does not recur. At a minimum provide a detailed description of the issue; dollar amount of the request; the number of pieces affected; date the system or procedural failure occurred; mailer's tax identification number (TIN). Also, provide postage statements, qualification reports, and other MMS supporting documents. If your company detects any occurrence of postage underpayment, it is your company's responsibility to report it to the Post Office within five (5) working days from the date of detection.

Any postage refund request or postage underpayment occurrence may trigger a review by the Postal Service to determine why the discrepancy was not detected by the system and whether proper corrective action was taken to prevent a recurrence. The District Manager will make a decision on the validity of a postage refund request or postage underpayment. When the District manager determines postage was overpaid or underpaid due to a system failure in the mailing operation, the administrative processing cost will be charged to the mailer. In that event, your company agrees to either separately pay the administrative processing cost, or allow the Postal Service to adjust the overpayment or underpayment amount, as appropriate.

11. Your company may cancel this authorization at any time by giving written notice to the Post Office and the District Manager.
12. The Postal Service reserves the right to suspend manifest mailing system privileges, pending review, when there is an indication that postal revenue is not fully protected.
13. The District Manager may cancel this authorization—upon 15 days' written notice—if the manager determines:
  - a) Your company is not providing manifests with correct data.
  - b) The required quality control procedures submitted with the application are not being properly performed.
  - c) The MMS does not comply with the requirements in the DMM, IMM, Publication 401, or this authorization, and problems are not promptly resolved.
  - d) Mailings are presented that are not properly prepared, or in which postage was not properly paid.
  - e) No manifested mailings are presented for more than 6 months.
  - f) Your company has relocated or has changed ownership without notification.
14. This authorization to mail using a MAC™ Gold certified manifest mailing system is temporary because USPS intends to replace SPPS verifications with census based verifications in the Seamless Acceptance program and eVS. The minimum requirements for all new SPPS temporary authorizations are to prepare at least 90% of total eligible mail volume as Full Service and be actively participation in the eInduction program. For parcels, we would expect you to participate in the eVS program. If Postal Service periodic reviews or mailer-supplied information indicates a need for modification of this Authorization, then the Authorization will be modified by the Manager, BMS and the **[Company name]** representative