LACS^{Link®} Key Personnel

LICENSING CONTACT: (P	rimary contacts for licensing issues)	
Company Name:		
Address:		
City:	State:	ZIP + 4: -
Phone: () -	Ext:	FAX: () -
Primary Contact:		
Phone: () -	Email:	
Alternate Contact 1:		
Phone: () -	Email:	
Alternate Contact 2:		
Phone: () -	Email:	
	ontacts for operational issues)	
Company Name:		
Address:		
City:	State:	ZIP + 4: -
Phone: () -	Ext:	FAX: () -
Primary Contact:		
Phone: () -	Email:	
Alternate Contact 1:		
Phone: () -	Email:	
Alternate Contact 2:		
Phone: () -	Email:	
	Primary contacts for product fulfillment	
Company Name:		
Address:		
City:	State:	ZIP + 4: -
Phone: () -	Ext:	FAX: () -
Primary Contact:		
Phone: () -	Email:	
Alternate Contact 1:		
Phone: () -	Email:	
Alternate Contact 2:		
Phone: () -	Email:	

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LACS^{Link®} Key Personnel

ECHNICAL CONTACT: (Primary	contacts for technical issues)	
Company Name:		
Address:		
City:	State:	ZIP + 4: -
Phone: () -	Ext:	FAX: () -
Primary Contact:		
Phone: () -	Email:	
Alternate Contact 1:		
Phone: () -	Email:	
Alternate Contact 2:		
Phone: () -	Email:	
ARKETING CONTACT: (Information	tion to be posted on USPS RIF	RBS Website T YES T NO
Company Name:	ion to be posted on our of the	SES WESSIG [125 [146)
Address:		
City:	State:	ZIP + 4: -
Phone: () -	 Ext:	FAX: () -
Primary Contact:		
Phone: () -	Email:	
Alternate Contact 1:		
Phone: () -	Email:	
Alternate Contact 2:		
Phone: () -	Email:	
Company Web site:		
Customer Service Email:		
Customer Service Phone:		
LLING CONTACT: (Primary con	tacts for billing issues)	
Company Name:		
Company Name: Address:		
Address:	State:	ZIP + 4: -
Address: City:	State:	ZIP + 4:
Address: City: Phone: () -	State: Ext:	ZIP + 4: - FAX: () -
Address: City: Phone: () - Primary Contact:	Ext:	FAX: () -
Address: City: Phone: () - Primary Contact: Phone: () -	Ext:	
Address: City: Phone: () - Primary Contact: Phone: () - Alternate Contact 1:	Ext:	FAX: () -
Address: City: Phone: () - Primary Contact: Phone: () - Alternate Contact 1:	Ext:	FAX: () -

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