

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. **Name in Which Applicant's Mail Will Be Received for Delivery to Agent.** (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

3a. Address to be Used for Delivery (Include PMB or # sign.)

**BEE MAIL SERVICE
1400 COLORADO ST. # C
BOULDER CITY, NV 89005
702-293-5268**

3b. City

3c. State

3d. ZIP + 4®

4. Applicant authorizes delivery to and in care of:

5. This authorization is extended to include restricted delivery mail for the undersigned(s):

a. Name

**BEE MAIL SERVICE
1400 COLORADO ST. # C
BOULDER CITY, NV 89005
702-293-5268**

b. Address (No., street, apt./ste. no.)

c. City

d. State

e. ZIP + 4

6. Name of Applicant

7a. Applicant Home Address (No., street, apt./ste. no)

8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

7b. City

7c. State

7d. ZIP + 4

a.

7e. Applicant Telephone Number (Include area code)

b.

9. Name of Firm or Corporation

10a. Business Address (No., street, apt./ste. no)

10b. City

10c. State

10d. ZIP + 4

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

10e. Business Telephone Number (Include area code)

11. Type of Business

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

13. If a CORPORATION, Give Names and Addresses of Its Officers

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

OFFICIAL USE ONLY

Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

1. Change of Address for: (Read Attached Instructions)
 Individual (#5) Entire Family (#5) Business (#6)

2. Is This Move Temporary? Yes No

3. Start Date: (ex. 02/27/12)

4. If TEMPORARY move, print date to discontinue forwarding: (ex. 03/27/12)

5a. LAST Name & Jr./Sr./etc.

5b. FIRST Name and MI

6. If BUSINESS Move, Print Business Name

PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

7a. OLD Mailing Address

7a. OLD APT or Suite

7b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

7c. OLD CITY

7d. State

7e. ZIP

PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

8a. NEW Mailing Address

8a. NEW APT/Ste or PMB

8b. For Puerto Rico Only: If address is in PR, print urbanization name, if appropriate.

8c. NEW CITY

8d. State

8e. ZIP

9. Print and Sign Name (see conditions on reverse)

Print:

Sign:

10. Date Signed:

(ex. 01/27/12)

OFFICIAL USE ONLY

Zone/Route ID No.

Date Entered on Form 3982
M M D D Y Y

Expiration Date
M M D D Y Y

Clerk/Carrier Endorsement



Bee's Mail Service Application:

Name(s) _____

Address: _____

We release Bee's Mail Service from any liability for loss or destruction of our mail unless same was caused by gross negligence by Bee's Mail Service, its agents or employees.

Signature _____ Date _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

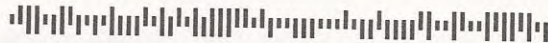
NOTE: The person signing this form states that he or she is the person, executor, guardian, authorized officer, or agent of the person for whom mail would be forwarded under this order. Anyone submitting false or inaccurate information on this form is subject to punishment by fine or imprisonment or both under Sections 2, 1001, 1702 and 1708 of Title 18, United States Code.

PRIVACY NOTICE: This information you provide will be used to forward your mail to a new location. Collection is authorized by 39 USC 404. Filing this form is voluntary, but we cannot forward your mail without it. We do not disclose your information, except in the following limited circumstances: to government agencies or bodies as required to perform official duties; to mailers, only if they already possess your old address; in legal proceedings or for service of process; to law enforcement as needed for a criminal investigation; or to contractors who help fulfill the service.

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 73026 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

TO: POSTMASTER
UNITED STATES POSTAL SERVICE



Dear Bee's,

Please forward our mail in the following manner:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> All Mail of any class. | <input type="checkbox"/> Daily |
| <input type="checkbox"/> First Class ONLY. | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> First Class, Magazines
& Newspapers. | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Other Instructions. | <input type="checkbox"/> _____ |

Check in the amount of \$ _____ enclosed.

Please start service on _____ 19 _____.