



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:

147024

INVOICE NUMBER:

147024-1

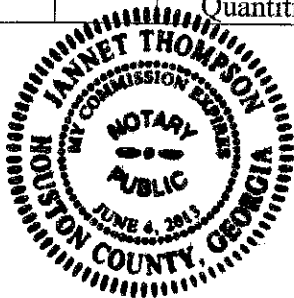
SHP DATE:

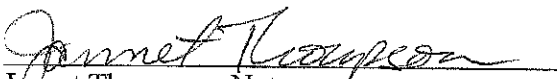
Jan-09-2012

INVOICE DATE:

Jan-09-2012

QUANTITY	UNIT	DESCRIPTION
20,000	EA	Space Coast Living Health Magazines Jan 2012; 80 Pages + Cover
		Mailed: 14,040
		Bulk: 5,990
		Quantities have been verified




Jannet Thompson, Notary

Postage Statement -- Standard Mail

Transaction Number: 201200611451857 M1	CAPS Transaction Number:	Postage Statement Number: 127478010
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Mailing Group	Mailing Group ID 103194780	Mailing Job Number	Open Date 01-05-2012
	Preparer 43-PI-PANAPRINT, INC	Origin PSW - Mailer Entered	Close Date
	Job Description		

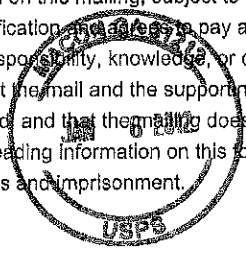
Mailer	Permit Holder's Name and Address and Email Address, If Any PANAPRINT, INC 7979 NE INDUSTRIAL BLVD MACON, GA 31216-7742 Contact Name: INGRID O'NEAL (478)788-0676 IONEAL@PANAPRINT.COM CAPS Customer Ref. No: 147024 Space Coast Living Jan 2012 CRID: 4706098	Name and Address of Mailing Agent (if other 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)
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Mailing	Post Office of Mailing MACON GA 31213-9998	Processing Category Flats	Mailer's Mailing Date 01/05/12	Federal Agency Cost Code	Statement Seq. No.	No. & type of Containers Sacks: 8 1 ft. Letter Trays: 0 2 ft. Letter Trays: 0 EMM Letter Trays: 0 Flat Trays: 0 Pallets: 9 Other: 0
	Type of Postage Permit Imprint		Weight of a Single Piece 0.4443 lbs.		Total Pieces 14,010	
	Permit # 43	For Mail Enclosed Within Another Class		If Sacked, Based On []125 pcs []15lbs. []Both	Total Weight 6224.6430 lbs.	
	For Automation Rate Pieces, Enter Date of Address Matching and Coding 12/28/11	For Carrier Route Pieces, Enter Date of Address Matching and Coding 12/28/11	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing 12/28/11	For places 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.	
	Complete 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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