

PAF ID:

NCOA^{Link®} PROCESSING ACKNOWLEDGEMENT FORM

List Administrator ID:

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service[®] (USPS[®]) requires that each NCOA^{Link} Licensee have a completed NCOA^{Link} PAF for each of their NCOA^{Link} customers prior to providing the NCOA^{Link} service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed hardcopy document or equivalent alternative.

LIST OWNER					
I, the undersigned, an au	thorized representative of:				
Company Name					
company Name					
Addroop					
Address					
City				State	ZIP+4
Telephone Number NAICS USPS Mai			ler ID (optional)	E-mail Addre	ess (optional)
Parent Company Name					
Marketing or %BBA+Compar	y Name or Primary Affiliate Co	mpany Name	Company Website ((optional)	
······································	, , , , , , , , , , , , , , , , , , ,			(-F)	
Name (Please print)			Title		
			nac		
Signature			Date		
do hereby acknowledge	that I have received and rev	viewed the NCO	A ^{Link} Information Pack	age supplied to me b	y Bell and Howell, LLC an
NCOA ^{Link} Service Provide	er. I also understand that the	e sole purpose o	of the NCOA ^{Link} servic	e is to provide a mail	y <u>Bell and Howell, LLC</u> an ing list correction service for
lists that will be used for	preparation of mailings. Fur	thermore, I unde	erstand that NCOA	may not be used to o	create or maintain new
moversqlists.					
LICENSEE					
Bell and Howell, LLC					
Business Name (Please prir	nt)				
	,				
			Data Services		
Name (Please print)			Title		
Signature			Date		
800-337-0372			585-272-7778		
Telephone Number			Fax Number		
BROKER/AGENT	LIST ADMINISTRA	TOR (Check app	licable box)		
Midwest Mailworks, Inc.	0				
Business Name (Please prir	it)				
2136 12 th St Ste 104			Rockford, IL 611	04	
Address			City/State/ZIP+4		
Doug Price			President		
Name (Please print)			Title		
Signature			Date		
Cignataro					
			midwestmailworks.com		
Telephone Number	NAICS	Compa	any Website (optional)		
		For Licens	ee Use Only		

Broker/Agent ID: