

## NCOA PROCESSING ACKNOWLEDGEMENT FORM

The collection of information on this Processing Acknowledgment Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service (USPS) requires that each NCOA<sup>Link</sup> Licensee have a complete NCOA<sup>Link</sup> PAF for each of their NCOA<sup>Link</sup> customers prior to providing the NCOA<sup>Link</sup> 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 authorized repres	sentative of:	
Company Name		
Address		
City		State ZIP+4
NAIGO.	1200 11 10 /orthog	
Telephone Number NAICS	USPS Mailer ID (optiona	al) E-mail Address (optional)
To the Market		
Parent Company Name		
Manualina or "DRA" Company Name or Prim	- Affiliate Company Name	Comment Makaita (antional)
Marketing or "DBA" Company Name or Prima	ary Affiliate Company Ivame	Company Website (optional)
Name (Please print)		Title
Name (Please print)		Little
<u></u>		<del>2 · · · · · · · · · · · · · · · · · · ·</del>
Signature		Date
do hereby acknowledge that I have rece	eived and reviewed the NCOAL	ink Information Package supplied to me by Bell and Howell, LLC ,
an NCOA Link Service Provider. I also und	derstand that the sole purpose	of the NCOA <sup>Link</sup> service is to provide a mailing list correction service derstand that NCOA <sup>Link</sup> may not be used to create or maintain new
	of mailings. Furthermore, I und	derstand that NCOALIIN may not be used to create or maintain new
movers' lists.  LICENSEE		
Bell and Howell, LLC		
Business Name (Please print)		
		Data Services
Name (Please print)		Title
Signature		Date
800-337-0372		585-272-7778
Telephone Number		Fax Number
🔀 BROKER/AGENT 🗌 LIST AD	OMINISTRATOR (Check appli	icable box)
Valenti Brothers Graphics, Ltd		·
Business Name (Please print)		
P.O. Box 3026		Honolulu HI 96802-3026
Address		City/State/ZIP+4
Greg Concilla		VP
Name (Please print)		Title
•		
Signature		Date
808-591-2166	323110	
Telephone Number		Vebsite (optional)
		(1, ,
	For Licensee	Use Only
		•
PAF ID: FBCP71113099DZX1CU Broker/Agent ID: FBCP323110QM2XGV List Administrator ID:		