



SECURING YOUR RIGHT TO SAVE.

Dear Valued Customer,

CorpAmerica, Inc. is pleased to announce that our Mail Forwarding services are now available to our customers. Mail forwarding services can be a critical component of the successful operation of any business. For your convenience we are offering two (2) Mail Forwarding options. You may select the option that best fits your company's needs.

Domestic Mail Forwarding

- \$150 per year for unlimited pieces
- Service includes letter mail only - no packages or express mail (such as UPS®, Federal Express®, etc.)
- Mail forwarded by first class mail at end of each business week
- No bulk mail or magazines will be forwarded

International Mail Forwarding - (available for most countries*)

- \$225 per year for unlimited pieces
- Service includes letter mail only - no packages or express mail
- Mail forwarded to international destination by first class mail at end of each business week
- No bulk mail or magazines will be forwarded

*International Mail Forwarding is available in most countries. However, some countries may have restrictions regarding the completion of these forms. Please check your country's governing jurisdictional laws prior to completing this application.

To order Mail Forwarding, please complete the Application for Delivery of Mail Through Agent (U.S. Postal Service Form 1583) which is enclosed. **THIS FORM MUST BE COMPLETED IN DUPLICATE (2), WITH EACH COPY NOTARIZED PRIOR TO BEING SENT BACK TO US.** For a directory of notaries public in your area, see www.notary-services.com. Please see the enclosed instructions for assistance in completing this form. Because the Postal Service requires that these applications be notarized and have original signatures, we cannot accept faxed signatures.

Upon receipt of your completed applications for the first year of service, we will confirm receipt of your order and provide you with a unique Private Mailbox number (PMB). To receive confirmation of your order be sure to include your fax # or email address. Please note that the PMB must be included on all correspondence that will be sent to us for forwarding. Pieces of mail that do not comply to this Postal Service regulation will be returned to the original sender.

If you have any questions or would like additional information on any of our products or services, please contact our Customer Service Team by telephone at 800-877-4224 (or 302-636-5440 for international) or visit us online at www.corpamerica.com. Thank you.

PAYMENT FORM

CorpAmerica, Inc. reserves the right to change services and prices at any time without notice.

Please return this form with the 2 copies of the enclosed Application for Delivery of Mail Through Agent (U.S. Postal Service Form1583).

Name: _____

Service Selected: (please select one below)

Domestic

International

Please circle the method of payment: credit cards (Visa, MasterCard, American Express, or Discover), check, money order, or wire transfer (please contact us for bank information).

Credit Card: _____

Expiration Date: _____

Name of Cardholder: _____

Signature: _____

Fax # and/or email: _____

CorpAmerica, Inc.
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USA

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877-246-2462
302-636-5448
FAX
302-636-5440

WEB SITE
www.corpamerica.com
E MAIL
info@corpamerica.com

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 (No., street, apt./ste. no.)	
		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			
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 (Use area code)	
b.		9. Name of Firm or Corporation	
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.		10a. Business Address (No., street, apt./ste. no)	
		10b. City	10c. State 10d. ZIP + 4
		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.	
15. Signature of Agent/Notary Public		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)	

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). (18 U.S.C. 1001)

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®.

Instructions for the Completion of Form 1583, Application for Delivery of Mail Through Agent
(August, 2000 Revised Form)

Please note the following: **THIS FORM MUST BE COMPLETED IN DUPLICATE.**

Both copies must be NOTARIZED.

(One copy is for the Postal Service, the other for CorpAmerica, Inc.)

Please type or print in ink only - do not use pencil

Block 1: Enter the date that you are completing this form.

Block 2: Enter your name or the name of your business
(name for which CorpAmerica will be receiving mail).

Block 3: Enter the address where CorpAmerica will be
forwarding mail (include the Zip+4)

Block 4: We have pre-filled this block

Block 5: This block is not applicable - TCC will NOT
accept Restricted Delivery Mail

Block 6: Enter your name as the person completing the
application

Block 7: Enter your Home address and Home telephone
number

Block 8: Must be completed by a notary public, who must
enter the numbers or other traceable information of your
two valid forms of identification. One item must contain a
photograph of the applicant. The following are examples
of acceptable identification:

1. Valid driver's license or Non-driver's I.D.,
armed forces, government, and university or
recognized Corporate Identification Card.
2. Armed forces, government, university, or
recognized corporate identification card
3. Passport or Alien Registration Card or
certificate of naturalization,
4. Other credential showing the applicant's
signature and a serial number or similar

information that is traceable to the bearer, i.e.,
voter or vehicle registration card, home or vehicle
insurance policy. (Someone residing in a motor
home or on a boat identifies the place of residence
by using the make, model, license plate number
and state of registration of the motor home or
boat.)

PLEASE NOTE THAT A CREDIT CARD, SOCIAL
SECURITY CARD, OR BIRTH CERTIFICATE ARE
NOT ACCEPTABLE FORMS OF IDENTIFICATION

Block 9: Enter the name of your firm or corporation.

Block 10: Enter your business address and business phone
number - PLEASE DO NOT LIST CORPAMERICA'S
ADDRESS OR PHONE NUMBER

Block 11: Enter a category that describes your type of
business (for example Retail, Construction, etc.)

Block 12: Enter the names of all individuals whose mail
may be delivered to CorpAmerica

Block 13: If applying on behalf of a company, enter the
names & addresses of its officers or members.

Block 14: If applying on behalf of a company, enter the
county and state where registered & date.

Block 15: Signature of the Notary Public (Please be sure
Block #8 is completed).

Block 16: Signature of the applicant named in Block #7.

CHECKLIST:

IN ORDER TO ENSURE QUICK PROCESSING OF YOUR APPLICATION, PLEASE MAKE SURE THAT YOU HAVE
DONE THE FOLLOWING:

Completed two copies of the Application for
Delivery of Mail Through Agent (USPS Form
1583)

Had a notary public enter two forms of
identification in Block #8, and sign in Block #15
Double-checked all information on both copies of
form

Completed the payment form on the bottom of the
first page indicating what form of payment will
be used, including email or fax # for confirmation

Mail both copies of the application, and payment
(if not using a credit card), and the payment form

Please Note: The required address format for
mail to be delivered to you is:
John A. Smith (or) ABC Company, Inc.
PMB___ (will be provided by CorpAmerica,
Inc.)
2711 Centerville Rd, Ste 200
Wilmington, DE 19808