Exhibit 11

UNITED STATES POSTAL SERVICE

MAC Gold Manifest Mailing System Application

(Version May 2008) Page 1

Mailer Name and Address (Street, City, State, ZIP+4)	Name of mailer representative responsible for your manifest system
Mailer ID (MID) (MID required for use of Confirmation Services.)	Phone Number ( )
e-mail Address	FAX ( )

By signing this application you are agreeing to the terms and conditions of the MAC Gold Authorization as listed on pages 2 and 3 of this application. A letter of authorization will be sent to you after the District Post Office has conducted a review of your system.

Signature: _____ **Date:** _____

Check ONLY the options that are applicable to your system.

☐ First-Class Mail (Retail Price)
☐ Priority Mail (Retail/Commercial Prices)
- ☐ Flat-Rate Envelope ☐ Regular Flat-Rate Box
- ☐ Large Flat-Rate Box ☐ Large Flat-Rate Box APO/FPO

☐ Delivery Confirmation ☐ Insured
☐ Signature Confirmation
(If either Confirmation Service is checked PS Form 1357-S must be included.)

☐ Parcel Post Machinable Nonbarcoded ☐ Parcel Select Machinable Barcoded (Intra/Inter BMC)
☐ Parcel Post Nonmachinable

1. MAC Gold Product Information
   Product Name and Version Number: _____
   Scale Manufacturer and Model: _____
   Printer Manufacturer and Model: _____
   Product Supplier/Installer: _____
   Address: _____
   Contact: _____ Phone: (____) _____
2. Will this system be installed at multiple mailing sites? ☐ Yes ☐ No
   If yes, please submit a separate application (with required documentation) for each mailing site.
3. Post Office where permit imprint advance deposit account is authorized and permit number.
   (**Note:** Advance deposit account and permit imprint number required before submission of this application.)
   City/State/ZIP+4: _____ _____
   Permit Imprint #
4. Daily Est. Volume: _____ Pieces _____ Weight (Lbs.) **Note:** Each mailing must be at least 200 pieces or 50 pounds.
5. If using Confirmation Services, select the method you will use to transmit the electronic files.
   ☐ Internet FTP ☐ FTP Dial-up (modem) – Files will be sent: ☐ Zipped ☐ Unzipped
6. What days would you like to present your manifest mailings? [circle day(s)]
   M Tu W Th F Sa
7. What date would you like to begin manifesting your mail? _____
   (**Note**: Please allow 5 days for application processing.)

Please submit: 1) This signed application and 2) Form 1357-S (if using Confirmation Services) to the MAC Gold Department at the address to the right. You will be contacted by a Postal Service representative in your area to confirm the receipt of this application and to finalize your start-up date.

MAC Gold Department
National Customer Support Center
United States Postal Service
6060 Primacy Pkwy STE 101
Memphis TN 38188-0001

Terms and Conditions for Use of a MAC Gold Manifest Mailing System

1. All software and hardware components of this Manifest mailing System are MAC Gold certified. Use of non-certified components will nullify this authorization.
2. Mailings submitted as part of a MMS require that a unique identification number is printed on each mailpiece. Numbers may not be duplicated in a mailing and must appear sequentially in ascending order on the manifest.
3. Your company will ensure that the manifest(s) accurately represents the mailing including the number of pieces presented, postage computations and preparation. If the Postal Service determines through its sampling process that postage is understated by more than 1.5%, additional postage will be charged. No adjustments will be made for overstatement of postage.
4. Your company agrees to comply with the following quality control procedures described below to ensure the accuracy of postage computations:
   a) Ensure that scales used to establish the package weights are maintained to the manufacturer's specifications. Proof of this maintenance must be submitted to the administering Post Office.
   b) Count all pieces submitted with the manifest and compare that count to the summary totals on the manifest. Ensure that the amounts agree with the data reported on the appropriate postage statement(s) before these documents are submitted to the Postal Service.
5. If mailings submitted contain ongoing quality problems, the Postal Service reserves the right to require your company to implement other reasonable and appropriate quality control measures.
6. When presenting mail to the Postal Service for verification, please provide::
   a) The most current official computerized facsimile postage statement or by Postage Statement Wizard.
   b) The manifest in hardcopy or electronic media.
   c) PS Forms 3877 and 3152. (These forms are generated automatically as part of the manifest when Confirmation Services are used.)
7. Your company will retain the manifest listing and summary and computer-generated postage statement facsimiles for 90 days from the date of mailing and make them available for inspection by the Postal Service within 48 hours on request. The manifest listing and summary may be retained electronically.
8. If your company relocates or has a change in ownership or makes any modification or any adjustment to the computerized system used for the preparation of mailings that might affect either the generation of required mailing documentation or mail preparation, your company will need to provide written notice—at least 7 days in advance—to the Postal Service.
9. On occasion, a Postal Service representative will need reasonable access to mail preparation areas to observe mail production and verify mailing records. As part of this process, we may request assistance in conducting periodic monitoring and review of this MMS. The review will include, but is not limited to, procedures for handling damaged and withdrawn pieces, for quality control and corrective actions, and production of accurate documentation.
10. If your company requests a postage refund or any adjustment to the advance deposit account for postage underpayment, the please submit the request in writing to the District Manager. Each request must be accompanied by supporting documentation, a clear explanation of the discrepancy and why it occurred, and corrective action taken to ensure it does not recur. If your company detects any occurrence of postage underpayment, it is your company's responsibility to report it to the Post Office within five (5) working days from the date of detection.

    Any postage refund request or postage underpayment occurrence may trigger a review by the Postal Service to determine why the discrepancy was not detected by the system and whether proper corrective action was taken to prevent a recurrence. The District Manager will make a decision on the validity of a postage refund request or postage underpayment. When the District manager determines postage was overpaid or underpaid due to a system failure in the mailing operation, the administrative processing cost will be charged to the mailer. In that event, your company agrees to either separately pay the administrative processing cost, or allow the Postal Service to adjust the overpayment or underpayment amount, as appropriate.

11. Your company may cancel this authorization at any time by giving written notice to the Post Office and the District Manager.
12. The Postal Service reserves the right to suspend manifest mailing system privileges, pending review, when there is an indication that postal revenue is not fully protected.
13. The District Manager may cancel this authorization—upon 15 days' written notice—if the manager determines:
    a) Your company is not providing manifests with correct data.
    b) The required quality control procedures submitted with the application are not being properly performed.
    c) The MMS does not comply with the requirements in the DMM, IMM, Publication 401, or this authorization, and problems are not promptly resolved.
    d) Mailings are presented that are not properly prepared or properly paid for.
    e) No manifested mailings are presented for more than 6 months.
    f) Your company has relocated or has changed ownership without notification.
14. This authorization to mail using a MAC Gold certified manifest mailing system is effective as long as your company provides accurate manifests and postage statements to the Postal Service, the system remains certified and continues to operate according to the manufacturer's specifications or the District Manager or your company cancels the MMS authorization. If Postal Service periodic reviews or mailer supplied information indicates a need for modification, then the authorization will be modified as needed.

Shaded Boxes for US Postal Service use Only

Original PS 1357-S Located at:	U.S. Postal Service **Request for Computer Access** (Instructions for completing form on reverse side.)	Logon ID Assigned

Section A: User Identification

1. Requestor's Name	2. eAccess Unique ID or Last 4 Digits of SSN	3. Area	4. Finance No.
		N/A	**N/A**

5. Requestor's Job Title

6. Employment Status *(Check one)* ☐ Contractor ☐ Temporary ☐ Career ☐ Casual ☐ Foreign ☒ Nonpostal

7. USPS Organization/Department **N/A**

8. USPS or Company Mailing Address (Include ZIP+4)

9. Telephone No.

10. District Code and Name **N/A**

11. User Responsibility Agreement Statement

I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide update information for Section A whenever I change job positions. I agree that misuse of a USPS computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service.

(Read Privacy Act Statement on reverse side before signing. Note: Privacy Act Statement **MUST** be on reverse side of this form.)

Signature Date

12. Manager Responsibility Agreement Statement

I agree that modifications to existing service agreements will require additional PS Form 1357 requests. I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

USPS Manager's Name (Please print) Logon ID Signature Date Telephone No.

Section B: Computer Access Requested

13a. Describe Support Required

☒ Logon ID (Circle one): New Change Delete

☐ DDE/DR: Access Code: _____ User Type: _____

☒ Facility Where Access Is Required: **Eagan Data Center** **San Mateo Data Center**

☐ List Existing Logon IDs & Facilities: _____

Access for Delivery Confirmation System	**Access for Confirm System**
☐ PPP Dial-up Account Access to: PTSMFTP.USPS.GOV ☐ Internet Access	☐ Web Site Access ☐ File Transmission Account
Access for Entry Information System	**Access for Performance Reporting System**
☐ Web Site Access ☐ File Transmission Account	☐ Web Site Access

13b. Resource Name (Additional room is available on the reverse side)	13c. Sensitive or Proprietary	13d. Access Level Required (See instructions)

Section C: Computer Access Approvals

14. Contractor Information (Must be completed by the Contracting Officer's Representative (COR))

a. Does the Contract Contain Provisions for (Circle Yes or No):

1. Screening? ☐Yes ☐No
2. Security of Information? ☐Yes ☐No
3. Privacy of Information? ☐Yes ☐No
4. Contractor Screening by the Inspection Service? ☐Yes ☐No

b. Contract Number: _____

c. Contract Expiration Date: _____

d. USPS Organization/Department: _____

15. USPS COR's Name (Please Print) Signature Date Telephone No.

16. Functional System Coordinator's Name (Please Print) Signature Date Telephone No.

17. Logon ID Administrator's Name (Please Print) Signature Date Telephone No.

Print Reset

Instructions for Completing PS Form 1357-S

Note: Please print all entries except for signatures. Incomplete information may cause delays in implementation or return of this form.

Section A: User Identification

1. Print your full name.
2. Enter your eAccess Unique Identifier or last 4 digits of Social Security Number.
3. Enter your Area.
4. Enter your Finance Number.
5. Enter your official job title.
6. Enter your employment status.
7. Specify your work organization.
8. Enter your USPS or company mailing address (include ZIP+4).
9. Enter your telephone number.
10. Enter your District Code and District Name, if applicable.
11. Read and understand the User Responsibility Agreement Statement * and Privacy Act Statement (printed below) before signing and dating this document.
12. Your USPS manager must read and understand the Manager Responsibility Agreement Statement * prior to affixing his/her name, Logon ID (Unique Identifier), signature, date, and phone number.

Section B: Computer Access Requested

13a. Please check, circle, and describe the support that you will require. Specify any system compilers or other special software required in support of your request. Include all data access (CICS transaction IDs, IDMS codes, etc.) requirements or any special security required of the system or data. Include any support services (data entry, etc.) needed. Estimate the number of service hours required per week in support of your request. Special access request to the DDE/DR system will require DDE/DR Functional System Coordinator to supply the access code and user type.

13b. Enter the name of the application(s) or resources to which access is sought.

13c. Specify if applications or files within applications are sensitive or proprietary.

13d. Specify the appropriate access level to applications and files.

READ access allows a user to read and copy, but not to changea filename or it's contents.

WRITE access allows a user to change the contents of or delete a file, to create files within a catalog or directory, and may permit renaming and relocating files.

EXECUTE access allows a user to execute or use a program file, but generally not to see or change it.

ALLOCATE access allows a user to delete, rename, catalog, uncatalog, or archive a file.

Section C: Computer Access Approvals

14a-d. The Contracting Officer's Representative (COR) will complete this block -- reference the Administrative Support Manual (ASM); Procurement Manual (PM); and Handbook AS-805. If the contractor has not been screened, the contractor must complete and attach PS Forms 2025 and 2181 with this request.

15. The COR will complete Block 14 before entering his/her name, signature, date, and phone number.
16. To approve grants of access, the Functional System Coordinator enters his/her name, signature, date, and phone number.
17. The person (Logon ID Administrator) responsible for creating a logon ID for a user enters his/her name, signature, phone number, and date. The Logon ID Administrator must also indicate in the upper left hand corner of PS Form 1357-S where the original of this PS Form 1357-S will be kept and in the upper right hand corner the Logon ID assigned.

* Additional responsibilities can be found in Handbook AS-805 and Administrative Support Manual (ASM).

Privacy Act Statement

The collection of this information is authorized by 39 U.S.C. 401 and Public Law 100-235, Computer Security Act of 1987. This information will be used to assign computer logon IDs by which access to data and/or files on computer systems is limited to authorized persons through the use of computer security access control products. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert or consultant under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed against the USPS under 29 CFR 1613; and to the Merit Systems Protection Board or Offices of Special Counsel for proceedings involving possible prohibited personnel practices. Completion of this form is voluntary; however, if this information is not provided, you may not be granted a computer logon ID.

13b. Resource Name (Continued from front)	13c. Sensitive or Proprietary	13d. Access Level Required (See instructions)

Print Reset

For USPS Use Only

MAC Gold Department

Date Application Received: _____

Application Processed By: _____

File Number: _____

Date Application Forwarded to District: _____

Date PS Form 1357-S Sent: _____

District Business Mail Entry Manager

Date Application Received: _____

Confirmed Mailer Start Date: _____

Name of Mailer Representative Contacted: _____

Contact with Mailer Made By: _____ _____
Date

Note: Once the start date is confirmed send the notification email, **Exhibit 11B**, to the mailer.