

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7th St NW Rochester, Mn 55901



Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) ALSadqah ALi Date: 03/04/21

Address: (Street Address) 453 13th Ave NW (Apt. /Unit #) 5
 (City) Rochester (State) MN (ZIP Code) 55901

Phone: (907) 317-5060 Email: _____

Social Security No. 574-57-6298 Date Available: ANY

Position Applied for: Grinder Desired Salary: 14/8/14

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time 1350

Are you authorized to work in the U.S? Yes No

How did you hear about us? friend * Referral Name: _____

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

2nd Sanitation

2nd grinder weekend

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>HS</u>	<u>1979</u>		
College				
Bus. Or Trade School				
Professional School				

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PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

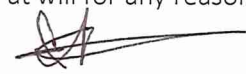
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

7 Signature of applicant 

Date: 03/04/21



Case Verification Number: 2021063171401CC

Report prepared: 03/04/2021

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Ali Alsadah

Date of Birth: 06/14/1975

U.S. Social Security Number: ***-**-6298

Employee's First Day of Employment: 03/04/2021

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: *****1700

Expiration Date: 06/14/2023

State: Minnesota

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Sierra Peterson

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

Direct Deposit / Automatic Payment Information Form



The fastest, most convenient way to manage your everyday financial transactions - and it's free!

Benefits To You

Convenient - Your money is deposited automatically for you, even when you are ill, on vacation or too busy to get to the bank. Your check is deposited electronically into your Wells Fargo account.

Fast - You have immediate access to your money on the day of deposit.

Safe - Never worry about checks getting lost, delayed or stolen.

Automatic saving - Watch your account grow when you have at least part of your pay directed to your account.

Automatic Payment** You can also use your routing number (RTN) and account number to setup automatic payment of your recurring bills from your account.

Three Easy Steps to Set up Your Direct Deposits or Automatic Payments

Step 1. Use Account Information Provided Below

You must provide your information about the account where the money will be deposited or withdrawn.

Customer Name:

Routing Number (RTN):

Account Number:

Account Type:

ALI J ALSADAH

091000019

6921623721

SAVINGS*

* *Note For Savings Accounts Only:* Federal Reserve Board Regulation D limitations apply to withdrawals. See the Consumer Account Fee and Information Schedule under the "Limitations on Transfers from Your Savings Account" subsection. We do not recommend recurring automatic payments from a savings account.

Step 2. Contact Your Employer or Payor

Contact your employer or payor directly to see if they offer direct deposit service. Where direct deposit is available, provide your account information. Your payor may need you to complete a form and provide a voided check or Command check to process your request.

Step 3. Monitor Your Account

For Direct Deposit, it can take one to two months for a payor to process your request and to begin receiving electronic deposits.

Questions? Wells Fargo Phone BankSM is available 24/7 at 1-800-TO-WELLS (1-800-869-3557)

Customer Copy

m
USA

MINNESOTA

**DRIVER'S
LICENSE**

NOT FOR FEDERAL IDENTIFICATION



1 **ALSADAH**
2 **ALI JAWAD**
8 **453 13TH AVE NW**
APT 5

ROCHESTER, MN 55901-1868

4d DL# **X000-023-101-700**

3d DOB **06/14/1975**

4a ISS **06/03/2019**

9 CLASS **D**

4b EXP **06/14/2023**

12 RESTR **NONE**

9a END **NONE**

15 SEX **M**

16 HGT **5'-06"**

17 WGT **175 lb**

18 EYES **BLK**

5d DD.00000001256530

06/14/75



Signature

EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:

Name: Leyla

Relationship: Friend

Phone Number: 5073980889

Contact # 2

Name: _____

Relationship: _____

Phone Number: _____

Additional information you want ESSG and our client to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.

Pay Information

Name: _____

Last 4 of SSN: _____

Please mark what option you choose

Direct Deposit

will bring to orientation

Bank Name _____

Routing Number _____

Account Number _____

Circle One

Checking -or- Savings

I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

Initial _____

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____



New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

CMG/ ESSG

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://zenople.esgazure.com/login/cmog>

** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: 9073175060

Login Password: Aa@6298

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature:  **Date:** 3/4/21

CMG Preliminary Questions

Name: _____

Date: _____

Please Mark Yes or No

1. If hired are you willing to take a drug test? Yes No

2. Are you able to work with pork and beef? Yes No

Please Mark Your Preferred Position

3. What shift to you prefer? 1st 2nd 3rd

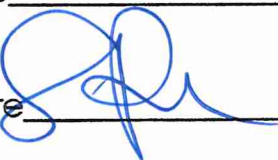
To be completed during or after interview

Have you ever been convicted of a misdemeanor or felony? Yes _____ No

Explain

Incident _____

Employee Signature  _____

Interviewer Signature  _____

**Employee Withholding Allowance/Exemption Certificate
2021 State - Minnesota**

Choose Filing Status

- Single; Married, but legally separated; or Spouse is a nonresident alien
- Married
- Married, but withhold at higher Single rate

Exempt Status

- Yes
- No

Section 1 — Determining Minnesota Allowances

A. Enter "1" for yourself if no one else can claim you as a dependent...

B. Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages are \$1500 or less.

C. Enter "1" for your spouse. You may choose to enter "0" if you are married and have either a working spouse or more than one job. Entering "0" may help you avoid having too little tax withheld.).....

D. Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return.

E. Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household)...

Total number of allowances you are claiming. Add steps A through E. If you plan to itemize deductions on your 2021 Minnesota return, you may also complete the Itemized Deductions and Additional Income Worksheet.....

Total Number of Minnesota allowances

Additional Minnesota withholding you want deducted each pay period

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.

I have read and agree: _____ Date: 04/03/22

Employee's Withholding Allowance Certificate (Federal W4)

You may claim exemption from this year withholding if you BOTH: had no federal income tax liability in the previous year and you expect to have no federal income tax liability this year. If you claim exempt, no federal income tax is withheld from your paycheck; you may owe taxes and penalties when you file your current year's tax return.

Would you like to claim exemption from Federal Income Tax?

Yes No

Choose your filing status

Single or Married filing separately

Married filing jointly (or qualifying widow(er))

Head of Household (check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Are you married filing jointly and your spouse also works?

Yes No

Do you hold more than one job at a time?

Yes No

Claim Dependents:

To claim dependents if your income will be \$200,000 or less (\$400,000 or less if married filing jointly)

Do you have qualifying children under age 17?

Yes No (If yes, how many? _____)

Do you have any other dependents?

Yes No

Other Adjustments:

Other Income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

Extra Withholding. Enter any additional tax you want withheld each pay period.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete
I have read and agree: _____ Date: 03/04/21

SD

Employee Photo Consent Form

I, Ali, agree to let CMG - Rochester office - to take and upload my photo for security purposes.

Employee Signature Name: _____



Date: 03/04/21

Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. This may include – but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree A.A (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree A.A (initial)

Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature:  Date: 3/4/21

Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: A.A (Initial)



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy) 03/09/22
-----------------------	---------------------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page

Work Opportunity Tax Credit Questionnaire

This Company participates in federal and/or state tax credit programs. The information you give will be used to determine the company's eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions.

Do any of these statements apply to you?

You or a household member received...

- Unemployment compensation in 2020
- Any type of government assistance
- Welfare/TANF
- Food Stamps/SNAP
- Social Security Income benefits

You...

- Have been approved to receive unemployment compensation in 2020
- Served in the U.S. Armed Forces
- Received vocational rehabilitation services
- Were convicted of a felony

YES / NOT SURE / **NO**

If you marked yes or not sure, please answer the following questions:

Are you under age 40? YES / NO

What is your date of Birth? (MM/DD/YYYY)

Have you previously worked for Employer Solutions Group? YES / NO

Please Select your answers to the following questions:

Have you received or have been approved to receive unemployment compensation in the last 90 days? YES / NO / NOT SURE

Have you served in the U.S. Military?	YES / NO / NOT SURE
• If you marked yes or not sure, please answer the following questions:	
Were you unemployed for at least 6 months in the past year?	YES / NO / NOT SURE
Have you received SNAP (Food Stamps) in the past 15 months?	YES / NO / NOT SURE
Are you entitled to compensation for a service-related disability?	YES / NO / NOT SURE
Were you discharged or released from active duty in the past year?	YES / NO / NOT SURE
If discharged or released, in what year were you discharged from active duty?	(YYYY)
Branch of Service?	
AIR FORCE / ARMY / COAST GUARD / MARINE CORPS / NATL' GUARD / NAVY	

Have you or a household member received SNAP (Food Stamps) in the past 6 months?
YES / NO / NOT SURE

Have you or someone in your household received or stopped receiving TANF (Welfare), childcare, housing, or transportation assistance in the past 2 years? YES / NO / NOT SURE

- If you marked yes or not sure, please answer the following questions:

Did you or your household member receive assistance at least 9 months in the past 18 months?

YES / NO / NOT SURE

Did you or your household member receive assistance for at least the past 18 months?

YES / NO / NOT SURE

Did you or your household member receive assistance at least 18 months between August 1997 and August 2018? YES / NO / NOT SURE

Did you or a household member stop receiving assistance in the past 2 years because it exceeded the time limitation? YES / NO / NOT SURE

What was the state in which you received your TANF (Welfare) benefit? (STATE?)

Have you received SSI (Social Security Income) benefits in the last 90 days?
YES / NO / NOT SURE

Have you received vocational rehabilitation services? YES / NO / NOT SURE

- If you marked yes, what rehabilitation service did you received?

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation? YES / NO / NOT SURE

- If you marked yes, when were you unemployed?

From (MM/DD/YYYY) to (MM/DD/YYYY)

What state in which you received compensation? (STATE?)

Were you convicted of a felony or released from prison for a felony in the past year?
YES / NO / NOT SURE

What was your conviction date? MM/DD/YYYY

What was your release date? MM/DD/YYYY

What state was your conviction in? (STATE)

What it a Federal or State Conviction? FEDERAL / STATE
Did you receive deferred adjudication? YES / NO / NOT SURE

Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit? YES / NO / NOT SURE

Employee Information Update Form

Employee: ALI ALSADAH

Department: Sanitation

Address Change

New Address: 535 19th St NW
Apt 2B
Rochester 55901

Phone Number Change

New Telephone Number: _____

Name Change

New Name: _____

Received by: _____ Date: _____

Office use only:

Initial & date once complete:

Payroll: _____ / _____

BCBS: _____ / _____

Delta Dental: _____ / _____

Select Account: _____ / _____

I-9 Form: _____ / _____

Ali *4/21*
Amby
Employment
Example

5/7/2020



ACH or Direct Deposit Form

Company Name:

I/We authorize the Company, named above to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at the Depository (identified below) for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provision of the U.S. law.

Depository Name:

Think Mutual Bank
5200 Members Parkway NW
Rochester, MN 55901
(800) 288-3425


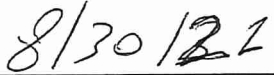
Think Mutual Bank's Routing or ABA Routing Number: 291975465

Account Number: 7450000633003

Account Type: DDA

Customer Name: Alsadah Ali

I/We authorize understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

 _____  _____
(Signature) (Date) (Signature) (Date)

Pay by mail: Send a check or money order (payable to "U.S. Postal Service") to the postmaster, city, state, and ZIP Code™ where your PO Box is located. Payments by mail must be received by the due date. (Do not send cash by mail.)

TERMS OF SERVICE

The terms of service are defined exclusively by postal regulations. You may not use PO Box service just to avoid paying forwarding charges or for any purpose prohibited by law or Postal Service regulations. We will immediately terminate PO Box service if used for any unlawful purpose. PO Box service may be provided to minors (unless parents or guardians submit a written objection to the postmaster).

UPDATING YOUR INFORMATION

The information on your PS Form 1093-T must always be current. As soon as any information changes (such as your street address, telephone number, or email address), you are responsible for updating the information. Failure to update your information may result in termination of service. We keep the form on file at the Post Office where you use the service.

ACCUMULATED MAIL

We encourage you to empty your box regularly. You can make a special arrangement with the postmaster if you are not able to pick up your mail. Complete PS Form 8076, *Authorization to Hold Mail*, or create your request online at usps.com, and we'll take care of it. Hold Mail orders are good for only 30 days. If the volume of your incoming mail repeatedly exceeds the capacity of the box you are using, we may require that you use Business Pickup (Caller) Service, change to a larger box (and pay the applicable fees), or apply for one or more additional boxes. Your service may also be suspended. You may also request **Premium Forwarding Service**® to have your mail shipped to you by Priority Mail® service once a week for a small fee.

CHANGE OF ADDRESS

If you choose to discontinue your PO Box service, please complete a change of address form found in the Mover's Guide® available by request from our retail associates or on our website at www.usps.com/moversguide. If you use the change of address form, give it to a retail associate or your letter carrier. You may also mail the form to your Post Office. File change of address orders as follows:

No-Fee PO Boxes: The PO Box customer or any other person listed on the PS Form 1093-T may file an individual change of address order. Only the box customer may file a change of address order for an entire family.

All other PO Boxes: Only the box customer who signs the PS Form 1093-T may file change of address orders. Forwarding of mail for other persons receiving mail at the box is the responsibility of the box customer.

1 833 224 6603
Disconnect caller's number.

PO BOX KEYS

Two keys are issued for key-type PO Boxes. An access code is provided for combination lock-type PO Boxes. At most locations, a refundable deposit is required for each key. If needed, you can obtain additional keys (and pay the applicable fee and deposit). Whenever your box service terminates, return all keys to the Postal Service for a refund of the deposit. Customers must not duplicate PO Box keys.

PO BOX REFUNDS

Once you have begun using your PO Box, you may request a refund at the Post Office where your box is located. Fees are refunded as follows:

3-Month Payments (automatic renewal required):

No refunds

6-Month Payments:

Within the first 3 months – ½ the fee paid
After 3 months – no refunds

12-Month Payments:

Within the first 3 months – ¾ the fee paid
Within the first 6 months – ½ the fee paid
Within the first 9 months – ¼ the fee paid
After 9 months – no refunds

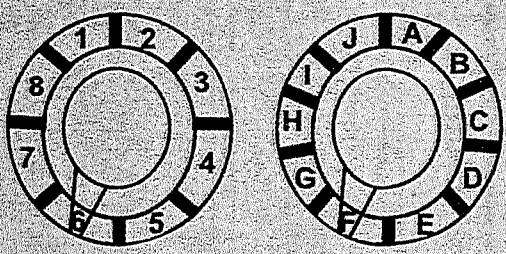
BOX SERVICE ADDRESS

We deliver to your PO Box address as printed on your mail, so be sure to provide correct and current address information to your correspondents.

Your PO Box number should appear on a separate line, followed by the Post Office's city, state, and ZIP+4®. When we assign your box number, we will provide the corresponding ZIP+4 code.

For Official Use: Completed by the Postal Service

YOUR NEW BOX NUMBER IS	8	2	2	2						
CITY	R	O	C	H	E	S	T	E	R	
STATE	M	N								
YOUR ZIP+4® IS	5	5	9	0	3	-	8	2	2	2



HOW TO USE THE COMBINATION LOCK

1. Clear the dial by turning **RIGHT** three times and stop on _____
2. Turn **LEFT** and stop the second time around on _____
3. Turn **RIGHT** and stop on _____
4. Turn the latch key **LEFT** to open.