



NCOA^{Link}® PROCESSING ACKNOWLEDGEMENT FORM

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 original or a photocopy or facsimile representation of the original document.

LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City State ZIP+4

Telephone Number NAICS USPS Mailer ID E-mail Address

Parent Company Name

Marketing or "DBA" Company Name or Primary Affiliate Company Name

Name (Please print) Title

Signature Date

do hereby acknowledge that I have received and reviewed the NCOA^{Link} Information Package supplied to me by Lorton Data Inc. an NCOA^{Link} Full Service Provider Licensee. I also understand that the sole purpose of the NCOA^{Link} service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA^{Link} may not be used to create or maintain new movers lists.

LICENSEE

Lorton Data Inc
Business Name (Please print)

Joshua Evans NCOA^{Link} Product Manager
Name (Please print) Title

Signature Date

612-362-0290 612-362-0299
Telephone Number Fax Number

BROKER/AGENT **LIST ADMINISTRATOR** (Check applicable box)

Business Name (Please print)

Address City/State/ZIP+4

Name (Please print) Title

Signature Date

Telephone Number E-mail Address NAICS

For Licensee Use Only

Int ID:

PAF ID:

Broker/Agent ID:

List Administrator ID: