

Exhibit C**D. Refunded/Transferred Postage**

☐ Postage Refunded \$ _____ ☐ Postage Transferred \$ _____

☐ Refund Not Determined and/or Locally Authorized (*provide explanation*)

Explanation: _____

E. Manufacturer's Authorized Representative

Name (*typed*) and Title: _____

Employee ID #: _____

Dealer/Branch Office Code #: _____

Address: _____

City: _____ State: _____ ZIP+4: _____

Telephone: _____

Signature: _____

The submission of a false, fictitious, or fraudulent statement can result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 U.S.C. 1001).

F. USPS Representative

**Round Stamp Here
(required)**

Name (*typed*) and Title: _____

Post Office, Station, or Branch Location: _____

Signature: _____

PS Form 3601-C [DRAFT]