



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 hardcopy document or equivalent alternative.

LIST OWNER

I, the undersigned, an authorized representative of:

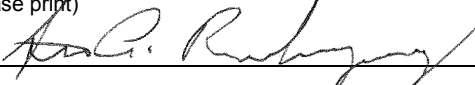
_____ Company Name			
_____ Address			
_____ City		_____ State	_____ ZIP+4
_____ Telephone Number	_____ NAICS	_____ USPS Mailer ID (optional)	_____ E-mail Address (optional)
_____ Parent Company Name			
_____ Marketing or "DBA" Company Name or Primary Affiliate Company Name		_____ Company Website (optional)	
_____ Name (Please print)		_____ Title	
_____ Signature		_____ Date	

do hereby acknowledge that I have received and reviewed the NCOA^{Link} Information Package supplied to me by BCC Software, LLC an NCOA^{Link} Service Provider. 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

<u>BCC Software, LLC</u> Business Name (Please print)	
_____ Name (Please print)	<u>Data Marketing Services</u> Title
_____ Signature	_____ Date
<u>800-337-0372</u> Telephone Number	<u>585-272-7778</u> Fax Number

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

<u>Hederman Bros</u> Business Name (Please print)		
<u>247 Industrial Drive North</u> Address	<u>Madison, MS 39110</u> City/State/ZIP+4	
<u>Steve Rodriguez</u> Name (Please print)	<u>Data Manager</u> Title	
 Signature	_____ Date	
<u>601 853 7300</u> Telephone Number	_____ NAICS	_____ Company Website (optional)