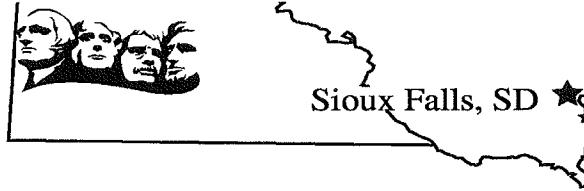


ALTERNATIVE RESOURCES MAIL FORWARDING



3700 South Westport Avenue, Sioux Falls, SD 57106-6360
 (605) 332-3711 · (800) 477-2664 · Fax (605) 332-3715
 www.alternativeresources.net e-mail: office@alternativeresources.net

MAIL FORWARDING AGREEMENT

NAMES: _____

PHONE: _____ e-mail: _____

EMERGENCY CONTACT & TELEPHONE NUMBER: _____

→ Call us at 1-800-477-2664 to get your assigned personal mailbox (PMB) or voice mail number ←

<p>Please mark each line with yes or no:</p> <p>___ Authorize ALTERNATIVE RESOURCES to sign for Certified mail * Items will be forwarded on your regular schedule unless otherwise notified</p> <p>___ Accept and forward magazine/book subscriptions</p> <p>___ Accept and forward catalogs</p> <p>We do not forward Presort Standard (junk mail). We will forward Presort Standard First Class mail.</p>	<p>I hereby release ALTERNATIVE RESOURCES from any liability for loss or destruction of mail unless the same was caused by gross negligence of its employees or agents. ALTERNATIVE RESOURCES shall not be liable for incidental, special, or consequential damages. I understand that if my account becomes past due by 45 days, ALTERNATIVE RESOURCES may discontinue service and return mail to sender.</p> <p>x _____ Signature Date</p>												
<p>Please indicate choice:</p> <p>Mailbox</p> <p>___ Forward mail weekly, \$216.00 annually</p> <p>___ Forward mail twice-a-month, \$192.00 annually</p> <p>___ Forward mail monthly, \$168.00 annually</p> <p>___ Forward mail on demand, \$240.00 annually</p> <p>___ Gold Plan, \$60 annually daily email notifications of mail received</p> <p>Set up fee \$10.00 Postage deposit \$100.00 (Annual fees are non-refundable and subject to change) (Annual fees renew automatically unless notified not to renew)</p> <p>Email</p> <p>___ \$2 per month per Email address - Billed annually</p> <p>_____ @alternativeresources.net Password _____</p> <p>_____ @alternativeresources.net Password _____</p> <p>(Password must be 8 characters in length but no more than 16. Must include (1) UPPERCASE character, (1) lowercase character and (1) numeric (0-9) character)</p> <p>Access your email account at webmail.midco.net Type your user name and password to login.</p> <p>Delivery Confirmation</p> <p>Priority mail is sent with Delivery Confirmation. You receive an email with delivery confirmation number. A fee of \$0.50 will added to your postage. You can opt out of this service.</p>	<p>Start Date _____</p> <table border="0"> <tr> <td>Amount \$</td> <td>_____</td> </tr> <tr> <td>Set up fee \$</td> <td>_____</td> </tr> <tr> <td>Sub total</td> <td>\$ _____</td> </tr> <tr> <td>6.00% sales tax</td> <td>\$ _____</td> </tr> <tr> <td>Postage deposit</td> <td>\$ _____</td> </tr> <tr> <td>Total amount due</td> <td>\$ _____</td> </tr> </table> <p>Payment made by: ACH ___ Check ___ Visa ___ MC ___ Discover ___</p> <p>For ACH debit fill out form on back of this agreement</p> <p>_____ Credit/Debit Account Number Exp. Date</p> <p>x _____ Sign here for all future charges Date</p> <p>to this credit card. (Service Fee of \$5.00 will be charge for all declined credit cards.)</p> <p>If you cancel within 30 days of signing up or within 30 days of your renewal we will refund all but \$25.00 of the annual fee. (Annual fees are non-refundable)</p>	Amount \$	_____	Set up fee \$	_____	Sub total	\$ _____	6.00% sales tax	\$ _____	Postage deposit	\$ _____	Total amount due	\$ _____
Amount \$	_____												
Set up fee \$	_____												
Sub total	\$ _____												
6.00% sales tax	\$ _____												
Postage deposit	\$ _____												
Total amount due	\$ _____												

Authorization Agreement for ACH Debits Drawn by
Alternative Resources

Name: _____ PMB# _____
Please Print Name

I (we) hereby authorize Alternative Resources to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below and to debit the same to such account.

Attach a voided Check to this form.

Bank Name _____ Branch _____

City _____ State/ Zip _____

Routing # _____ Account # _____

These numbers are located on the bottom of your check as follows:

⑆ 123456789 ⑆ 1234567890123 ⑆

Routing Number Account Number

This authorization is to remain in full force and effective until Alternative Resources has received written notification from me (or either of us) of its termination in such a manner as to afford Alternative Resources and the Depository a reasonable opportunity to act on it. Written changes must be received within 10 days prior to any change being implemented. I will be liable to pay any NSF fee of \$10.00 (or the amount allowable by law), which may be automatically debited for each NSF.

Customer Signature _____ Date _____

Phone Number _____

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

1. Date _____

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)		3a. Address to be Used for Delivery (No., street, apt./ste. no.) 3700 S Westport Ave, #		
		3b. City Sioux Falls	3c. State SD	3d. ZIP + 4® 57106-6360
4. Applicant authorizes delivery to and in care of:		5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
a. Name Alternative Resources		N/A		
b. Address (No., street, apt./ste. no.) 3700 S Westport Ave				
c. City Sioux Falls	d. State SD			
6. Name of Applicant		7a. Applicant Home Address (No., street, apt./ste. no.)		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.		7b. City	7c. State	7d. ZIP + 4
a.		7e. Applicant Telephone Number (Use area code)		
b.		9. Name of Firm or Corporation		
		10a. Business Address (No., street, apt./ste. no.)		
		10b. City	10c. State	10d. ZIP + 4
		10e. Business Telephone Number (Include area code)		
		11. Type of Business		

**

**

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

13. If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.
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Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). (18 U.S.C. 1001)

15. Signature of Agent/Notary Public **Must Fill in #8 a & b	16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)
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UNITED STATES POSTAL SERVICE FORM 1583 INSTRUCTIONS

- BOX #1 Date
- BOX #2 List all names receiving mail. An applicant and spouse need only fill out one form.
- BOX #3a-d This will be your address where your mail will be received. We will assign you a PMB number.
- BOX #4a-e This is our address.
- BOX #5 N/A
- BOX #6 Print the legal name of whoever is going to sign in BOX #16 (the names in Box #6 and Box #16 must match).
- BOX #7a-e Applicant's home address **MUST BE A PHYSICAL ADDRESS. NO PO BOX ADDRESSES.** This address must match the address on one of the ID's used for Box #8 a or b.
- BOX #8a-b **Include two types of ID for each person.** One form of ID **MUST** contain a photograph. List the type of ID used for each form of identification. The address on one form of ID **MUST** match the address in Box #7. Acceptable forms of ID are listed in the section below BOX 8b. Copies of the IDs are required to be sent with this completed form.
- BOX #15 Notary signature and notary seal. Notary seal must be original, not photocopied.
- BOX #16 Signature of applicant and/or spouse. This **MUST** be witnessed by notary/authorized agent.

****PLEASE RETURN COMPLETED ORIGINAL POSTAL FORM 1583 AND COPIES OF IDENTIFICATION TO ALTERNATIVE RESOURCES****

****WE NEED THIS FORM BEFORE WE CAN ACCEPT MAIL FOR YOU. IF WE RECEIVE MAIL BEFORE WE RECEIVE THIS FORM, WE HAVE NO CHOICE BUT TO RETURN MAIL TO SENDER. ****

If anything on this form changes, you need to file a revised form.

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.

New Driver License Fees effective 7-1-09

Driver License or ID Card – New or Renewal (Class 1, 2 or 3) is 20.00
Commercial Driver License – New or Renewal is \$25.00
Commercial Driver License Endorsement Tests - \$10.00 each test
Duplicate Driver License or ID - \$10.00
Reinstatement Fees - \$50 to \$200



New Requirements for All Driver License and ID Card Applicants Effective 12-31-09

Make your visit to the driver exam station a successful one. Learn about the new identification requirements so you'll be prepared when making application for a driver license or ID card. Effective December 31, 2009, to apply for a new, renewal or duplicate driver license or identification card you will need to provide the documents listed below:

ONE of the following to prove identity, date of birth, and lawful status:

- Certified U.S. birth certificate
- Valid unexpired U.S. passport
- Certificate of Naturalization
- Certificate of Citizenship
- Valid unexpired permanent resident card
- Valid unexpired employment authorization document
- Foreign passport with valid unexpired U.S. Visa with I-94

If your name is different than the name on your identity document, you will need to bring additional proof of your legal name. Acceptable documents for proof of legal name change are a certified marriage certificate (issued by a state vital records agency), a certified adoption document, or a certified court order authorizing a name change (such as a divorce decree).

ONE document to prove Social Security number. The documents below serve as proof of Social Security number:

- Social Security card
- W-2 Form
- SSA 1099 Form
- Non-SSA 1099 Form
- Pay stub (must include name and social security number)

You will also need to complete the following form which will be available at all South Dakota Driver's License stations:

RESIDENCY AFFIDAVIT FOR SOUTH DAKOTA RESIDENTS USING A PERSONAL MAILBOX ADDRESS or MAIL FORWARDING SERVICE

The purpose of the following questions is to determine if you meet the qualifications for an exception of the proof of residency requirements for obtaining a South Dakota driver license or non-driver identification card. On the form you will be required to answer the following questions. You should answer YES to both. The form will then be signed at the bottom by the Drivers License Examiner.

1. Is South Dakota your state of residence? Yes No
2. Is South Dakota the state you intend to return to after being absent? Yes No

This form **must** be accompanied by a receipt from a local RV park, campground or motel for proof of the "temporary" address where you are residing. **You will still use your Alternative Resources address on your driver's license.**

These new rules will help to establish a more secure driver license and will help address our shared concern about national security, identity theft, and highway safety. If you have questions please check our website at www.dps.sd.gov/licensing/driver_licensing/default.aspx or call the central Driver Licensing Program office at 1-800-952-3696.