PEOPLE'S 149

SC55500A PEOPLE v. SCOTT PETERSON

DATE	JUL 2 0 2004
Ву	MARYLIN MORTON
Deputy C	erk of the Superior Court
ID Ø	ADMITTED Z



United States Post II Service Application for Delivery of Mail Through Agent See Privacy Act Statement on Reverse 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 my or our (firm) mail to enother address is the responsibility of 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 ransfers mail; and (5) when any information required on this form changes or becomes obsciete, the aggresses must file a revised as olication with the Commercial Mail Receiving Agency (CMRA). NCTE: 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 Form 1583 to the Postal Service and retains a duclicate completed signed copy at the CMRA besiness location. The CMRA copy of Form 1583 must at all times be available for examination by the positional forms. designee) and the Pestal Inspection Service. The addressee and the agent agree to comply with all applicable postal 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 maybe subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the norm or business address listed in boxes 8 or 11, and that the identification listed in box 9 is valid. Name in Which Applicant's Mail Will Se Received for Delivery to Agant. (Complete a separate Form 1583 for EACH applicant. Spoures may complete and sign are Form 1583. Two learns of valid identification apply to 3. Address to Be Used for Delivery including ZIP - 4 auch spousa. Include dissimilar information for either spousa in appropriate PMB# bax.1 TRACE CORD MAIL BOXES ETC 1801 H.ST., STE. B5 MODESTO, CA 95354 5. Will This Delivery Address Se Jead for Solioting or Coung Business With Last 4. Applicant Authorizes Perivery to and in Care MAIL BOXES ETC. (Name, address, and MP Code of agent) Public? (Check ana) 1801 H ST., STE. B5 C 200 MODESTO, CA 95354 7. Name of Applicant 6. This Authorization is detended to include Restricted Delivery Mail for the SCOTT PETERSON Ungarsigned(s) 8. Home Address (Number, street, sity, state, and IF Code) EMEZALO MODESTO, CA 3. Two Types of Identification are Recurso, One Must Contain a Photograph of ne Accresses(s). Aga a Must Write in .gentifying information. Subject to Telephone Number (201) 578-0884 Venfication. 10. Name of First or Carporation TRADECORP 11. Business Address (Number, street day, state and ZIP Code) Acceptable identifican n includes: criver's ticanse; armed forces, government. or recognized corporae identification card; passport or allen registration card or other crecantial snewing the applicants signature and a sarial number or cimilar information that is traceable to the bearer. A priotocopy of your contification may be statuted by agent for verification. echone Number :2. Kinc or Business 13. If Applicant is a firm, Name Each Member Whose Mail is to Be Cenvered, 120 names listed must have verificate identification. A guardian must list the damed and ages of minors receiving man at that convery accress. 15. If Susiness Name of The Acoress Composition of Trace Name Had Been := Ja CORFORATION Gire Names and Addresses of the Officers Registered, Give Name of County and State, and Cate of Registration. Warring: The furnishing of raise or Assessing information on this form or omission of meternal information may result in commat senations and account of the sufficient of the his (including multiple daghages and civil denautes). (15 U.S.C. 1001) manachmag ancior er ii sancty 17. Signature of Addicant ill irm or corogan

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United States Post I Service

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

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NCTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a natury public. The agent provides the original completed signed Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA besiness location. The CMRA copy of Form 1583 must at all times be available for examination by the postariance including and designed and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable postal 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 Probusiness at the nome or business address listed in boxes 8 or 11, a	ostal Service to confirm that the applicant resides or conducts and that the identification listed in box 9 is valid.
2. Name in Which Appliant's Mail Will Be Received for Delivery to Agent. (Complete a separate Form 1583 for EACH applicant, Spouses may complete and sign one Form 1582. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate bax.) SCOTT PETERSON	PMB # 290 MAIL BOXES ETC. 1801 H ST., STE, B5 MODESTO, CA 95354 3
*Applicant Authorizes Peavery to and in Care MAIL BOXES ETC. (Name, address, and IIP Case of agent) MAIL BOXES ETC. 1801 H ST., STE. B5 MODESTO, CA 95354	5. Will This Delivery Accress Se Used for Scileting or Coing Susiness With una Public? (Check one) Tyes C No 7. Name of Applicant
3. Tris Authorization is extended to include Restricted Delivery Mail for the Undersigned(a)	8. Home Address (Number, street, city, state, end 27 Coce) 523 COVEJA AVE HORESTO CA 95354
3. Two Types of Identification are Required. One Must Contain a Photograph of the Accresses(s). Agant Must Write in Identifying Information. Subject to Vanification.	Telephone Number (204) 505 - 083 7
-COL- A5077297	10. Name of Firm of Carcording
EVISA - 4217 65893249 8 575 Acceptable camplification includes: priver's treanse; armed forces, government, or recognized corporate identification card; passport or after registration card or other cocential showing the applicant's signature and a sarial number or similar information the is receased to the bearer, A photocopy of your contribution may be stamed by agent for verification.	11. Business Address (Number, Street, sav. State and Elif Cade)
	emper Whose Mail Is to Be Calivered. (All names listed impatients reversalisates) e demas And ages of minors receiving mail at mair calivery accress.
± 1 a CORFORATION Give Names and Addresses of its Citizens	15. If Susmess Name of The Address Comment of Trace Name: Has Been Registered, Give Name of Court and State, and Date of Registration.

Warring: The furnishing of raise or mistagering information on this form or omission of meteral information hav result in chimical denotions unduring these and misservment; and/or full senctions producing multiple dampless and civil penalties). (18 U.S.C. 1001)

8. Signature of Agentura of Ag

29 Form 1563, Marcr 196

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MAKING BUSINESS EASIER! WORLDWIDE.

MAILBOX SERVICE AGREEMENT

CUSTOMER NAME: SCOTT PETERSON
COMPANY: TRADECORP
ADDRESS: 1027 N EMERILA 34
HOME PHONE: 505-0337 WORK PHONE: 578-0834 FAX: 578-0249
E-MAIL ADDRESS: MAIL BOXES ETC. CENTER NO.: 1485
MAILBOX NUMBER: 200 SIZE OF MAILBOX: SPACE I
Med.
 This Mailbox Service Agreement ("Agreement") is made and entered into by the customer identified above ("Customer") for the use of and services related to a mailbox (the "Mailbox") at the Mail Boxes Etc. Center identified above (the "Center") under the terms set forth herein.
 Customer agrees that Customer will not use the Center premises or any Center services for any unlawful, illegitimate or fraudulent purpose or for any purpose prohibited by U.S. postal regulations. Customer further agrees that any use of the Mailbox shall be in conformity with all applicable federal, state and local laws. Each individual or entity must complete a separate U.S. Postal Service Form 1583 ("Form 1583") to be authorized to receive mail or packages at the Mailbox. However, spouses may complete one Form 1583, as long as both spouses include their separate information on the Form. This Agreement and Form 1583 shall remain confidential, except that this Agreement and Form 1583 may be disclosed upon request of any law enforcement or other governmental agency, or when legally mandated. Additionally, Customer acknowledges that pursuant to postal regulations the information required to complete Form 1583 may be made available by the U.S. Postal Service to the public if "yes" in block five (5) on Form 1583 is checked. Upon request, Customer agrees to complete all necessary documents, including Form 1583 and any required acknowledgment form relating to service of process. Customer further agrees to sign an updated version of this Agreement and Form 1583 upon request. Possession of the Mailbox key shall be considered valid evidence that the possessor is duly authorized to remove any
contents from the Mailbox. In the event of death or incapacity of Customer, the Center will require the appropriate documents from the Probate Court, the executor of the estate, the trustee or other similar person or entity before releasing
mail or packages to a requesting party.
5) Customer-igrees to pay an initial set-up fee of 5.00 and a refundable security/key deposit of as well as applicable monthly service fees. The security/key deposit is refundable upon expiration, cancellation or termination of this Agreement, provided that Customer returns the key, key card and/or other similar device, and pays all sums owed to the Center. Mailbox service fees are all due and payable in advance and

- 6) Upon expiration, cancellation or termination of this Agreement, the Center will:
 - 2. Re-mail (i.e., forward) Customer's mail for six (6) months, provided Customer pays the postage, packaging material, and forwarding fees in advance. Additionally, Customer must pay a monthly storage fee

against any and all losses, damages, expenses, claims, demands, liabilities, judgments, settlement amounts, costs and causes of action of every type and character arising out of or in connection with the use or possession of the Mailbox, including without limitation, any demands, claims and causes of action for personal injury or property damage arising from such use or possession, from failure of the U.S. Postal Service or any commercial courier service to deliver on time or otherwise deliver any items (mail, packages, etc.), from damage to or loss of any package or mail, or to the Mailbox contents by any cause whatsoever, and from any violation by Customer of applicable federal, state or local laws.

- 13) Customer acknowledges and agrees that the Center is an independently owned and operated franchisee of Mail Boxes Etc. USA, Inc. ("Franchisor") and that Franchisor is not responsible for any acts or omissions of its franchisees.
- 14) CUSTOMER HEREIN AGREES THAT THE TOTAL AMOUNT OF LIABILITY OF THE CENTER AND FRANCHISOR, IF ANY, FOR ANY AND ALL CLAIMS ARISING OUT OF OR RELATED TO THIS AGREEMENT SHALL NOT EXCEED \$100.00 REGARDLESS OF THE NATURE OF THE CLAIM.

 (INITIAL
- 15) Customer <u>must</u> use the exact mailing address for the Mailbox without modification as set forth in Section three (3) of Form 1583. Mail received by Customer must bear a delivery address that contains at least the following elements, in this order:
 - (1) Intended addressee's name or other identification. Examples: Joe Doe or ABC Ca.
 - (2) "PMB" and number. Example: PMB 234.
 - (3) Street number and name or post office box number or rural route designation and number. Examples: 10 Main St. or P.O. BOX 34 or RR 1 BOX
 - (4) City, state, and ZIP Code (5-digit or ZIP+4). Example: Herndon VA 22071-2716.

The Postal Service will return mail without a proper address to the sender endorsed "Undeliverable as Addressed."

16) Delivery by commercial courier services must be made to the Center street address only (and not to a P.O. Box). "P.O. Box" may be used only if it is part of Customer's "Caller Service" (arrangement for delivery of mail through Centers using a U.S. Postal Service address) address format. In such case, the "PMB" designation must also be used. Upon signing this Agreement, Customer shall provide two forms of valid identification, one of which shall include a photograph. This Agreement may not be amended or modified, except in a writing signed by both parties.

CUSTOMER SIGNATURE: 12 23 0

AUTHORIZED CENTER REPRESENTATIVE

SIGNATURE:

DATE

12-23-02

HOW DID CUSTOMER HEAR ABOUT US?

Paid for 3mon.

бтоп.

iyr.

SMail Boxes Etc. USA, Inc.

Privacy Act Statement

Collection of this information is authorized by 39 USC 403 and 404. This information will be used to authorize the delivery of the intended addressee's mail to another. The Postal Service may disclose this information to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the Postal Service is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract to the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to a labor organization as required by the National Labor Relations Act; for the purpose of identifying an address as an address of an agent to whom mail is delivered on the behalf of other persons; and to anyone when the delivery address is being used for the purpose of doing or soliciting business with the public. Completion of this form is voluntary; however, without the information, the mall will be withheld from delivery to the agent and delivered to the addressee, or, if the address of the addressee is that of the agent, returned to the sender.

Customer's Initials
Customer acknowledges that he/she
has read and understands all statements
contained in this application.





